
POLK COUNTY COMMUNITY HEALTH ASSESSMENT

June 2025



2025 POLK COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)

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Assessment (CHA) Workgroup

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INTRODUCTION

This is the 2025 Polk County Community Health Assessment (CHA).

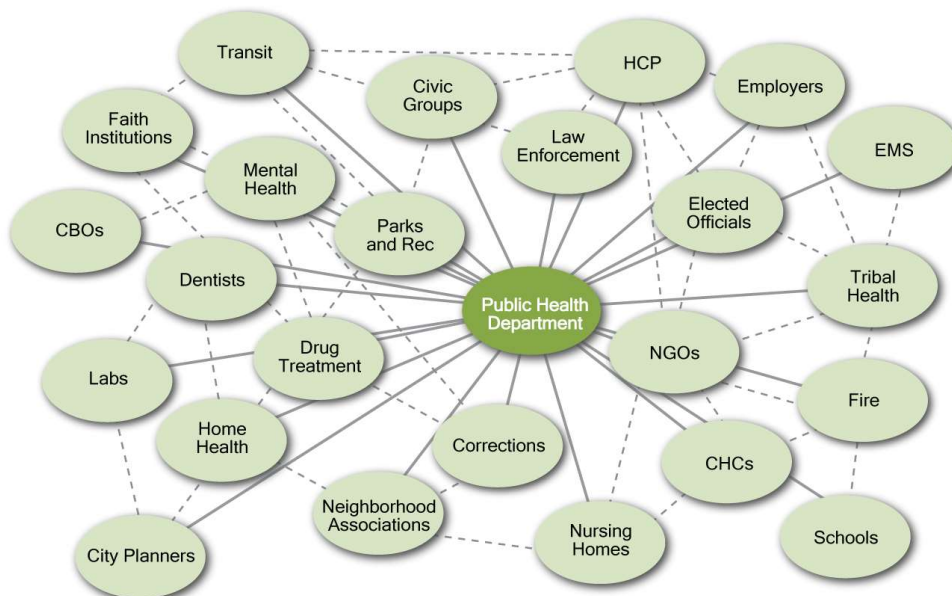
About this Report

A community health assessment (CHA) is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. This process includes comprehensive data collection and analysis. A CHA looks beyond the performance of an individual organization to the way in which the activities of many organizations contribute to community health improvement. The ultimate goal of a CHA is to develop strategies to address the community's identified health needs and issues.

The Florida Department of Health in Polk County conducts a CHA process every 3-5 years. The previous process, conducted in 2019, resulted in the 2020 Polk County CHA. The 2025 CHA is the result of an 18-month-long process seeking to identify the major health and social issues affecting the health status and quality of life in Polk County, Florida. This document provides a compilation of opinions from local residents, input from members of the local public health system including key stakeholders, and statistical data gathered from multiple sources. The information in this document can be used to plan community health improvement projects and assist community partners in aligning resources focused on improving the health of the community. For more information on how to interpret the data presented in this report, please see *Frequently Asked Questions* in Appendix A.

A local public health system is a complex network made up of all public, private, and voluntary entities that contribute to the delivery of essential public health services within a community. In Polk County, the local public health system is made up of the Health Department, hospitals, doctors, primary and emergency care providers, and many other partners shown in the diagram below.

Figure 1. Local Public Health System Jelly Bean Diagram



METHODOLOGY

FDOH-Polk and community partners utilized the Mobilizing for Action through Planning and Partnership 2.0 (MAPP 2.0) model to conduct the 2025 Community Health Assessment (CHA).

Mobilizing Community Partners

In the fall of 2023, the Florida Department of Health in Polk County mobilized community partners to begin a new CHA process. Community partner mobilization began on September 8, 2023, with a CHA Kick-Off Meeting. At this meeting, community partners were informed about the upcoming CHA and introduced to the MAPP 2.0 process, as well as introduced the first of the three MAPP 2.0 assessments – the Community Partner Assessment (CPA). Through participation in the CPA, agencies could designate individuals to participate on the Polk County Community Health Assessment Workgroup. Polk County’s CHA Workgroup was comprised of a diverse group of representatives from public, private, non-profit, social services, and governmental entities that make up the public health system in Polk County. The Polk County CHA Workgroup provided community-based oversight for the CHA process, met on a monthly basis to review and analyze data that had been collected, and guide next steps. The Polk County CHA Workgroup was instrumental in all aspects of data collection, from developing the survey tool, to collecting responses from community members and determining which agencies to engage in key informant focus groups. For a full list of CHA Workgroup members, see Appendix B. In order to conduct the CHA, the Workgroup utilized a nationally recognized model called Mobilizing for Action through Planning and Partnership 2.0 (MAPP 2.0). The MAPP 2.0 process is described in the following section.

The MAPP 2.0 Process

Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) is a community-driven strategic planning tool for improving community health. MAPP was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control and Prevention (CDC). This framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

The MAPP 2.0 framework is made up of three individual assessments – the Community Partner Assessment (CPA), the Community Status Assessment (CSA), and the Community Context Assessment (CCA) – that together make up the final Community Health Assessment (CHA) report. Findings from each assessment are analyzed to better understand the assets and needs of a community and assist public health system partners as they focus on aligning resources toward improving the health and well-being of the community.

Community Partner Assessment (CPA)

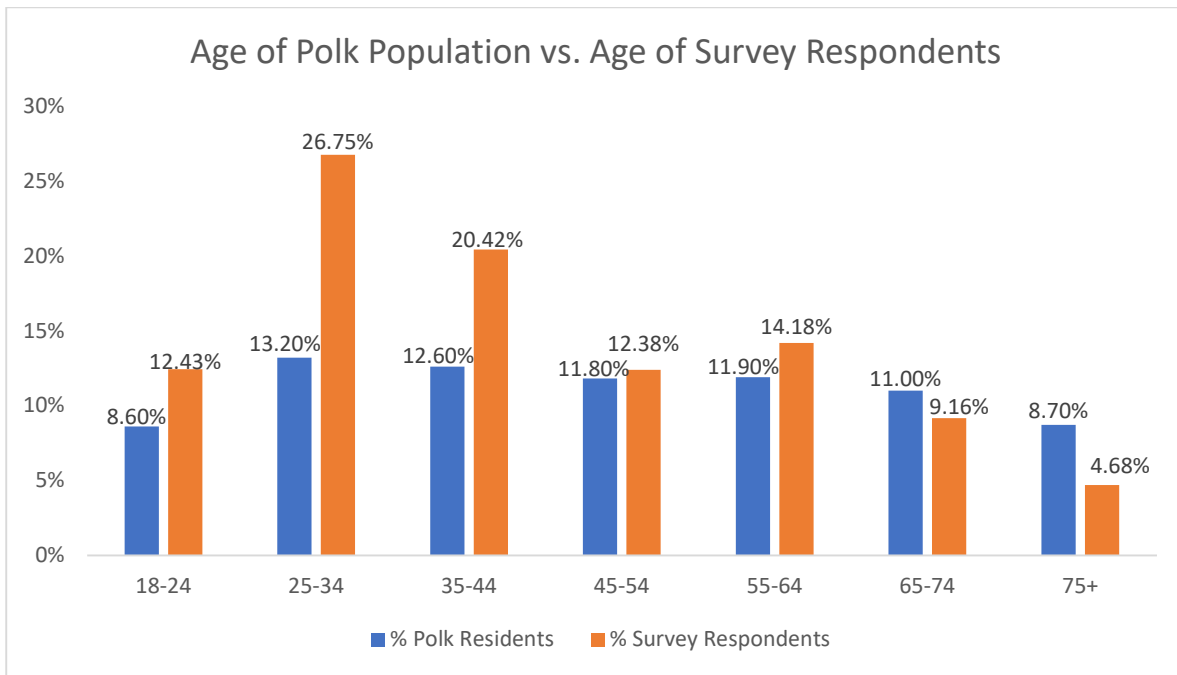
The Community Partner Assessment (CPA) replaces the Local Public Health System Assessment (LPHSA) from the original MAPP framework. The CPA allows community partners involved in MAPP 2.0 to assess their individual systems, processes, and capacities, and also assesses the collective capacity as a network of community partners to complete the MAPP 2.0 process. For the Polk County CPA, the Florida Department of Health in Polk County launched a CPA Survey in the fall of 2023. The main goal of this survey was to collect information on the community partners that make up the Polk County local public health system and assess each partners' capacity to support the MAPP 2.0 process. FDOH-Polk shared the survey among partners and asked that each agency complete the survey only once. The survey asked information about the populations each agency serves, which of the public health essential services they focus on, and the capacity in which each agency could assist the MAPP 2.0 process. The CPA Survey provided an opportunity for agencies to formally sign-up to participate in the Polk County CHA Workgroup. It also allowed agencies to share which assessments they would like to participate in, and how they could assist. This gave FDOH-Polk a repository of community assets to utilize during the MAPP 2.0 process, including staff time, meeting space, and other assistance.

Community Status Assessment – Community Survey and Secondary Data

The Community Status Assessment (CSA) collects quantitative data on the status of the community, including demographics and health status. For the CSA in Polk County, a community survey was deployed to learn more about residents' opinions on health and quality of life in Polk County. The survey tool, developed by FDOH-Polk and the Polk County CHA Workgroup, contained a total of 41 questions and was available in both an online electronic format and a printed paper format. The survey was available in English and was also translated to Spanish and Haitian Creole in order to reach populations that might not speak English. The survey was distributed electronically through community partner email distribution lists and databases. Several community partners played a role in encouraging their employees and/or the population they serve to complete the survey. We also worked with several community partners to distribute paper surveys where appropriate, including free clinics and other social support agencies. The survey collection period was approximately 11 weeks during the spring and early summer of 2024. A total of 2,052 responses were collected from Polk County residents. Results from this survey can be found summarized throughout the *Health Topics* sections and in Appendix D, and the survey tool itself can be found in Appendix C. When interpreting survey data, it is important to keep in mind that while an effort was made to survey a demographically representative sample of Polk County, not all demographics were accurately represented in the survey sample. Figures 2-6 compare some of the major demographics of Polk County to the demographics of the population that responded to the survey. Additional survey respondent demographic data can be found throughout the *Population and Demographics* section within individual text boxes, as well as in Appendix D.

The CSA also involves collecting and analyzing any available secondary data about health status and quality of life in Polk County. Indicators on health and quality of life were collected from a variety of data sources, including the U.S. Census Bureau American Community Survey (ACS), the Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute County Health Rankings, Florida Youth Tobacco Survey (FYTS), and many others. For the State of Florida, many of these indicators are compiled into a central database by Florida's Bureaus of Community Health Assessment and Vital Statistics called the FL Health Community Health Assessment Resource Tool Set (CHARTS). These indicators can be found throughout the *Health Topics* sections and a full list of sources can be found in Appendix F.

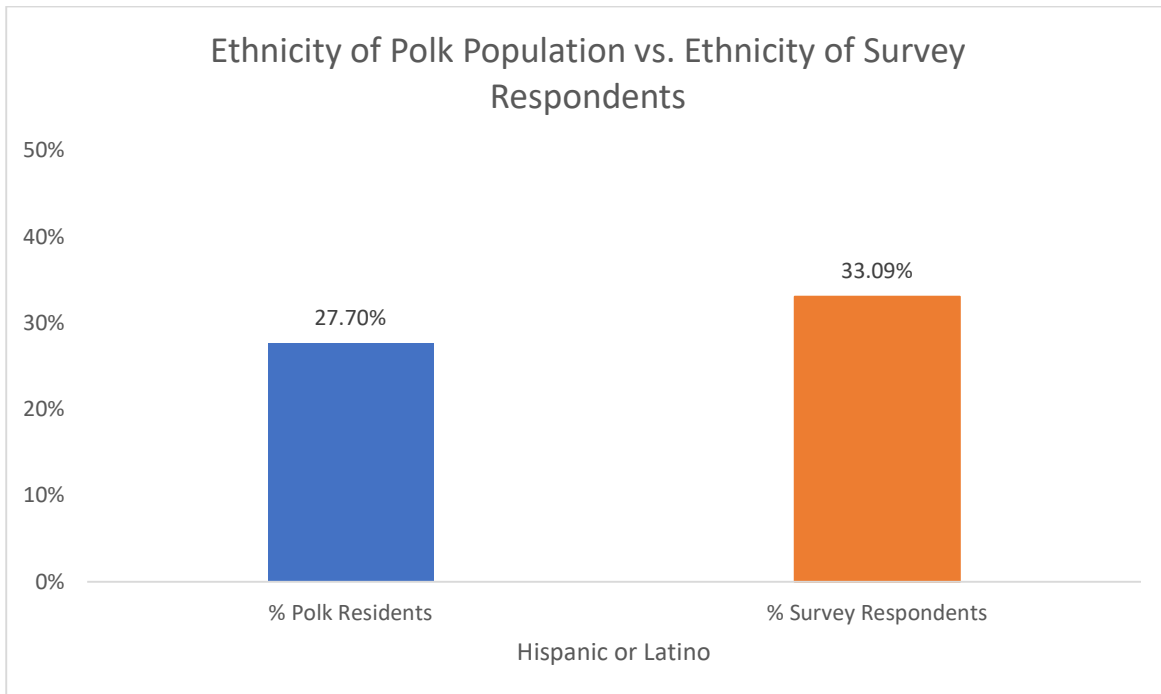
Figure 2. Age of Polk County Population versus Age of Polk County Survey Respondents



Overall, younger age groups were overrepresented in the Polk CHA survey sample, while older age groups, especially 75+, were underrepresented.

Sources: Polk County Community Health Survey, 2024; US Census Bureau ACS (5-year estimate), 2023

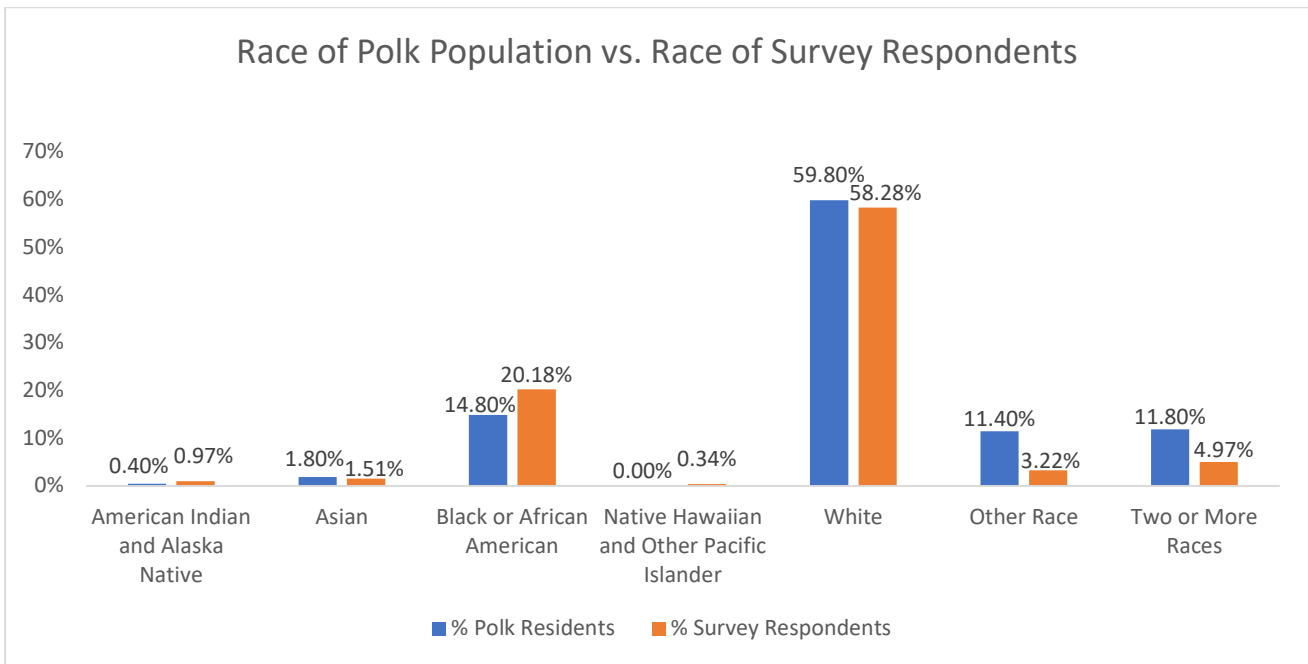
Figure 3. Ethnicity of Polk County Residents versus Ethnicity of Polk County Survey Respondents



Almost 28% of Polk County residents are Hispanic or Latino. This population was well-represented in the 2024 Polk CHA survey, as over 33% of respondents identified as Hispanic or Latino.

Sources: Polk County Community Health Survey, 2024; US Census Bureau ACS (5-year estimate), 2023

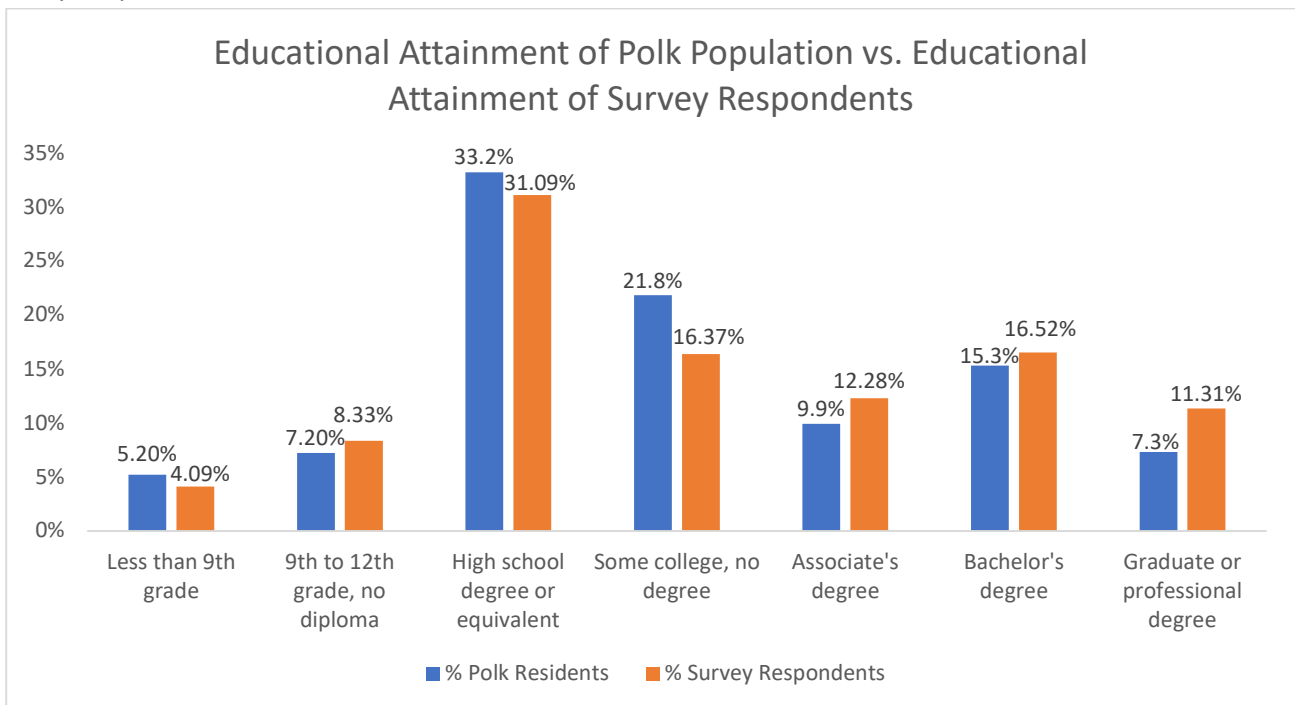
Figure 4. Race of Polk County Residents versus Race of Polk County Survey Respondents



Respondents to the 2024 Polk CHA survey matched the racial demographics of our county well. Most respondents were white, mirroring the racial majority of Polk County. Almost 15% of Polk County residents are Black or African American, and about 20% of survey respondents identified as Black or African American.

Sources: Polk County Community Health Survey, 2024; US Census Bureau ACS (5-year estimate), 2023

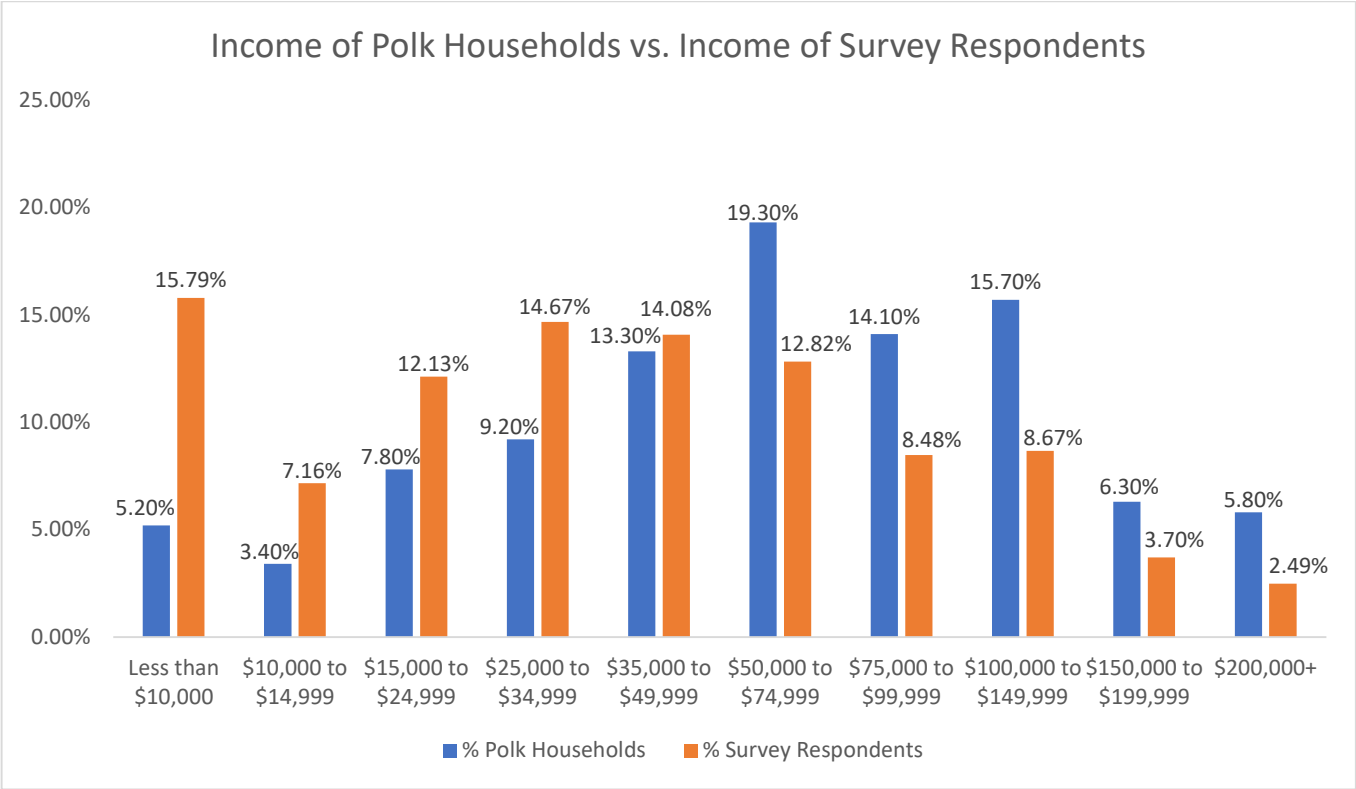
Figure 5. Educational Attainment of Polk County Residents versus Educational Attainment of Polk County Survey Respondents



Educational attainment among respondents to the 2024 Polk CHA survey closely matched that of Polk residents, across all educational levels, however individuals with graduate or professional degrees were overrepresented in the survey sample.

Sources: Polk County Community Health Survey, 2024; US Census Bureau ACS (5-year estimate), 2023

Figure 6. Income of Polk County Households versus Income of Polk County Survey Respondents



Compared to household incomes across Polk, individuals with lower incomes were overrepresented in the Polk CHA survey, while individuals with higher incomes were underrepresented.

Sources: Polk County Community Health Survey, 2024; US Census Bureau ACS (5-year estimate), 2023

Community Context Assessment (CCA) – Key Informant Focus Groups

The Community Context Assessment (CCA) is a qualitative tool to collect and assess data. For Polk’s CCA, key informant focus groups were conducted in order to gather data regarding hard-to-reach populations and certain priority health topics. The questions asked at focus groups were very similar to those asked in the survey, and can be found in Appendix E. A total of 9 focus groups were conducted with representatives from various health and social service agencies to learn more about the following priority populations and health topics: youth, older adults, migrant workers, the homeless/unhoused population, chronic disease, behavioral health, and maternal/infant health. Findings from the focus groups can be found synthesized within the narratives in the *Population & Demographics* and *Health Topics* sections.

Data Analysis and Prioritization Process

The FDOH-Polk Planning Team analyzed all data collected from the community survey, key informant focus groups, and secondary data indicators. Through this data analysis, the following 10 health topics were identified as priority areas (listed below in alphabetical order):

- Access to Health Services
- Aging Adult Health
- Behavioral Health
- Child & Adolescent Health
- Chronic Disease
- Exercise, Nutrition, and Weight
- Immunization and Infectious Disease
- Injury Prevention and Safety
- Maternal and Infant Health
- Oral Health

The results of this data analysis were presented at a Polk Community Health Workgroup Meeting on February 4, 2025 via Microsoft Teams. This meeting was attended by 95 individuals representing various agencies in Polk County’s local public health system. After viewing a presentation on the data analysis and key indicators, the attendees participated in a ranking exercise, where key health topics were ranked on a scale of 1-10 by *scope and severity*, and *ability to impact*. A total of 75 individuals representing approximately 47 agencies of Polk County’s local public health system participated in this exercise. The table below (Figure 7) shows the final ranking of priority health topics:

Figure 7. 2025 Polk County Prioritization Exercise Final Results

Health Topic	Rank
Access to Health Services	#1
Behavioral Health	#2
Chronic Disease	#3
Child and Adolescent Health	#4
Aging Adult Health	#5
Exercise, Nutrition, and Weight	#6
Maternal and Infant Health	#7
Immunization and Infectious Disease	#8
Injury Prevention and Safety	#9
Oral Health	#10

An in-depth analysis of data indicators collected from the Community Status Assessment (CSA) and Community Context Assessment (CCA) for each of these topics can be found throughout the *Health Topics* section.

POPULATION DEMOGRAPHICS

Polk County is located in the heart of Central Florida, between two large metropolitan cities: Tampa and Orlando. There are a total of 17 incorporated cities, towns and villages within the 1,798 square miles of land.

Figure 8. Polk Municipal (Incorporated) and Unincorporated Population Estimates (2024) and Change (2020 to 2024)

Polk Municipality	Population Estimate (2024)	Percent of Population	Population Change (2020-2024)
1. City of Auburndale	21,186	2.56%	4,570
2. City of Bartow	20,502	2.48%	1,193
3. City of Davenport	13,630	1.65%	4,587
4. Town of Dundee	5,762	<1%	527
5. City of Eagle Lake	4,902	<1%	1,894
6. City of Fort Meade	5,219	<1%	119
7. City of Frostproof	3,032	<1%	155
8. City of Haines City	39,514	4.78%	12,845
9. Village of Highland Park	245	<1%	-6
10. Town of Hillcrest Heights	234	<1%	-9
11. City of Lake Alfred	8,037	<1%	1,663
12. Town of Lake Hamilton	1,702	<1%	165
13. City of Lakeland	123,760	14.98%	11,119
14. City of Lake Wales	17,558	2.13%	1,197
15. City of Mulberry	4,483	<1%	531
16. City of Polk City	3,049	<1%	336
17. City of Winter Haven	57,923	7.01%	8,704
UNINCORPORATED	496,352	60.08%	51,454
Polk Total Population	826,090		101,044

2024 Polk CHA Survey respondents' municipal area of residence:

- Auburndale – 3.95%
- Bartow – 4.53%
- Davenport – 11.01%
- Dundee – <1%
- Eagle Lake – <1%
- Fort Meade – <1%
- Frostproof – 7.46%
- Haines City – 9.84%
- Highland Park – 3.17%
- Hillcrest Heights – <1%
- Lake Alfred – <1%
- Lake Hamilton – <1%
- Lakeland – 28.95%
- Lake Wales – 5.70%
- Mulberry – 1.46%
- Polk City – 1.02%
- Winter Haven – 15.84%
- Kissimmee/Poinciana – 2.14%
- Other – <1%

The majority of Polk County residents reside in unincorporated Polk County (60.08%), followed by the cities of Lakeland (14.98%), Winter Haven (7.01%), and Haines City (4.78%). Between 2020-2024, the largest population increase occurred in unincorporated Polk County (+51,454), followed by the cities of Haines City (+12,845), Lakeland (+11,119), and Winter Haven (+8,704).

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Figure 9. Rank of Florida Counties by Population Change (2020 to 2024)

Rank (#)	County	Population Change (2020-2024)
	Florida	1,476,364
1	Polk	101,044
2	Hillsborough	100,687
3	Orange	81,660
4	Miami-Dade	73,074
5	Pasco	71,138

Most (67%) 2024 Polk CHA Survey respondents have lived in Polk for more than 5 years while almost one-quarter (24%) have lived in Polk between 1-5 years.

Out of Florida's 67 counties, Polk ranks #1 for largest increase in new residents between 2020-2024 with a population increase of 101,044 residents.

Source: University of Florida, Bureau of Economic and Business Research

Figure 10. Rank of Florida Counties by Percent Change in Population (2020 to 2024)

Rank (#)	County	Percent Change (2020-2024)
	Florida	6.9%
1	St. Johns	21.2%
2	Sumter	20.8%
3	Gulf	19.4%
4	Flagler	18.1%
5	St. Lucie	17.2%
6	Walton	16.5%
7	Osceola	16.1%
8	Nassau	15.1%
9	Hendry	14.6%
10	Polk	13.9%

When comparing the percent change in population by county, Polk ranks #10 in population change with an increase of 13.9% from 2020 to 2024.

Figure 11. Rank of Florida Counties by Population Size and Population Distribution (2024)

Rank (#)	County	Population	Percent of State Population
	Florida	23,014,551	100%
1	Miami-Dade	2,774,841	12.06%
2	Broward	1,981,888	8.61%
3	Hillsborough	1,560,449	6.78%
4	Palm Beach	1,545,905	6.72%
5	Orange	1,511,568	6.57%
6	Duval	1,062,593	4.62%
7	Pinellas	971,218	4.22%
8	Lee	827,016	3.59%
9	Polk	826,090	3.59%
10	Brevard	653,703	2.84%

Polk ranks #9 most populous county in Florida with an estimated population of 826,090 residents. The population of Polk encompasses 3.59% of the total population of the State of Florida.

Source: University of Florida, Bureau of Economic and Business Research

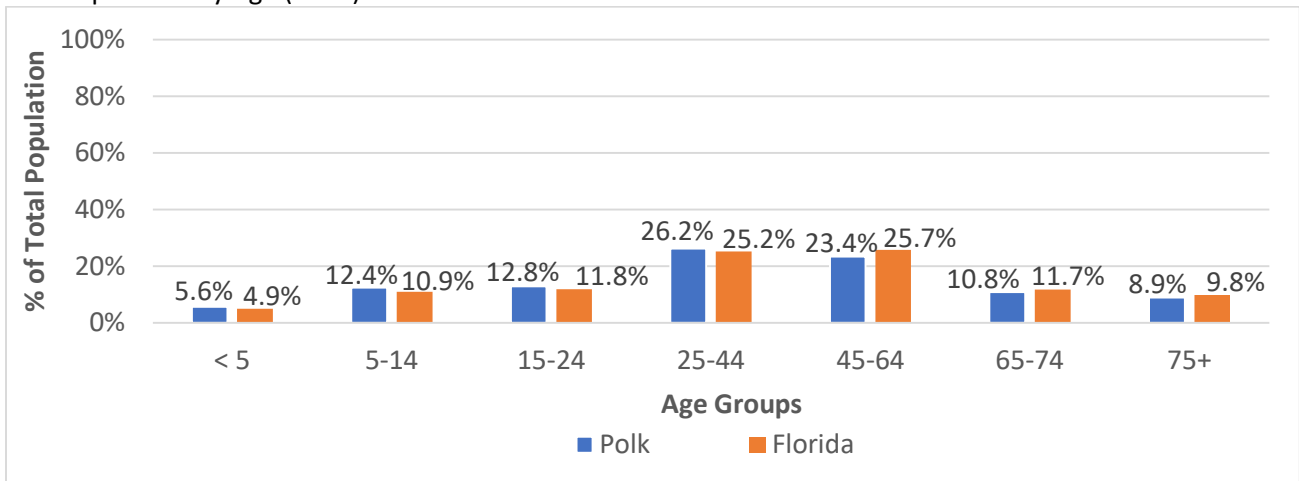
Age and Gender

Figure 12: Population by Age and Gender (2023)

Age Group	Polk County						Florida		
	Male	Female	Total	% Male	% Female	% Total	% Male	% Female	% Total
< 5	22,266	21,690	43,956	5.7%	5.4%	5.6%	5.2%	4.8%	4.9%
5-14	50,142	47,710	97,852	12.8%	11.9%	12.4%	11.3%	10.5%	10.9%
15-24	51,474	49,987	101,461	13.2%	12.5%	12.8%	12.2%	11.4%	11.8%
25-44	104,668	102,814	207,482	26.8%	25.7%	26.2%	26.0%	24.4%	25.2%
45-64	91,481	93,975	185,456	23.4%	23.5%	23.4%	25.6%	25.7%	25.7%
65-74	39,567	45,794	85,361	10.1%	11.4%	10.8%	11.0%	12.3%	11.7%
75+	31,547	38,570	70,117	8.1%	9.6%	8.9%	8.7%	10.9%	9.8%
Total	391,145	400,540	791,685						

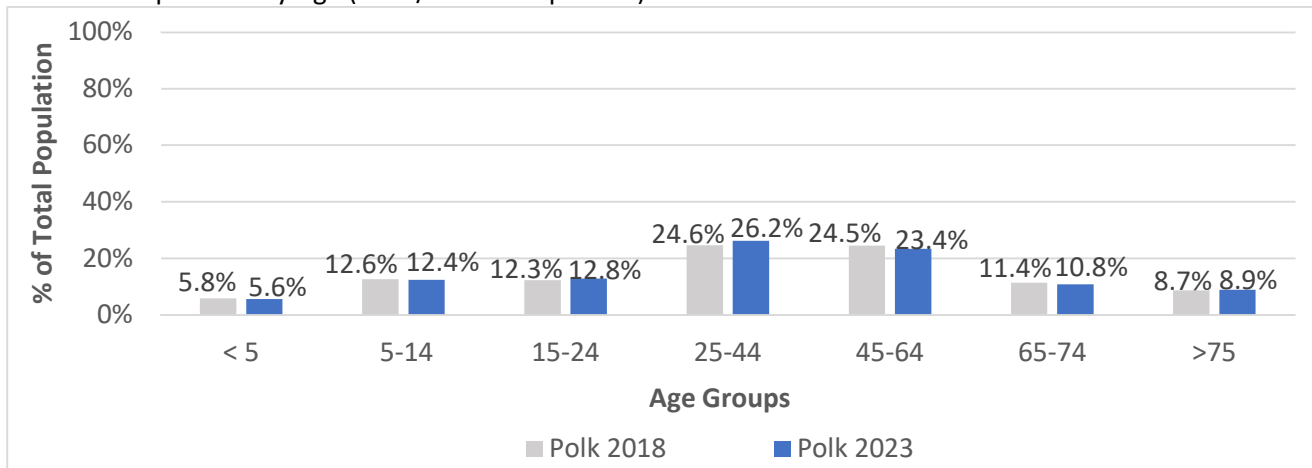
Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Figure 13. Population by Age (2023)



Polk has a larger proportion of population that is younger than 25 years of age (30.8%) compared to Florida (27.6%) while Florida has a larger proportion of population that is 65 years of age and older (21.5%) compared to Polk (19.7%).

Figure 14. Polk Population by Age (2018/2023 Comparison)



Between 2018 and 2023, Polk County experienced the largest growth in population among the 25-44 age group with smaller growths occurring in the 15-24 and 75+ age groups. All other age groups experienced small declines.

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Figure 15. Median Age (2018/2023 Comparison)

Indicator	Polk County		Florida	
	2018	2023	2018	2023
Median Age	40.3 years	39.6 years	41.9 years	42.6 years

Since 2018, the median age among Polk residents slightly decreased – from 40.3 years (2018) to 39.6 years (2023) while the median age across the State of Florida slightly increased – from 41.9 years (2018) to 42.6 years (2023).

Source: US Census Bureau ACS (5-year estimates) – Table S0101

Race

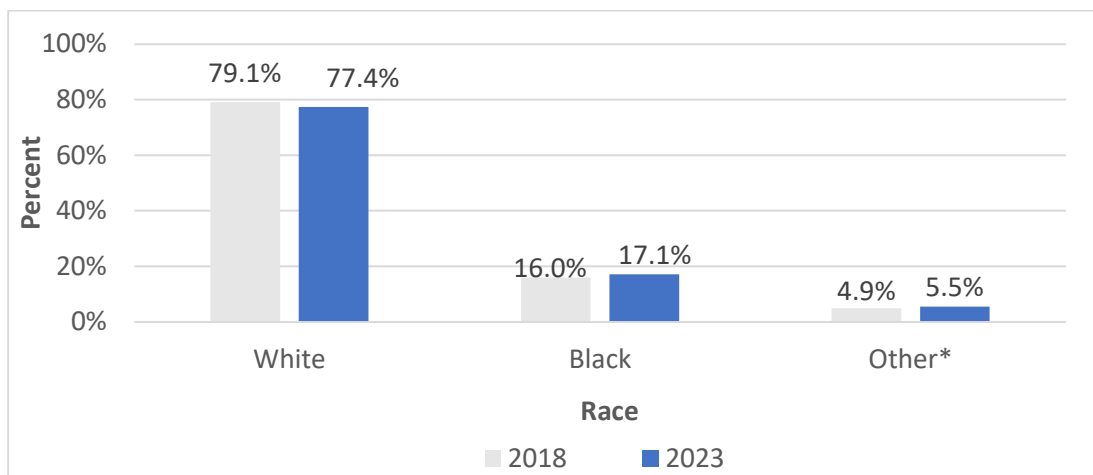
Figure 16. Population by Race (2023)

Indicator	Polk County		Florida
Population by Race	Count	Percentage	Percentage
White	612,988	77.4%	76.7%
Black	135,051	17.1%	17.0%
Other*	43,646	5.5%	6.2%

*The racial category of “Other” includes (but is no limited to) American Indian/Alaska Native and Asian.

The racial makeup of Polk County is similar to that of the State of Florida with about 77% of the population identifying as White, 17% Black, and 6% Other.

Figure 17. Polk Population by Race (2018/2023 Comparison)



*The racial category of “Other” includes (but is no limited to) American Indian/Alaska Native and Asian.

The proportion of the population in Polk that is White slightly decreased from 2018 (79.1%) to 2023 (77.4%) while the proportion of Black (2018 = 16.0%; 2023 = 17.1%) and Other (2018 = 4.9%; 2023 = 6.2%) populations increased.

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Ethnicity

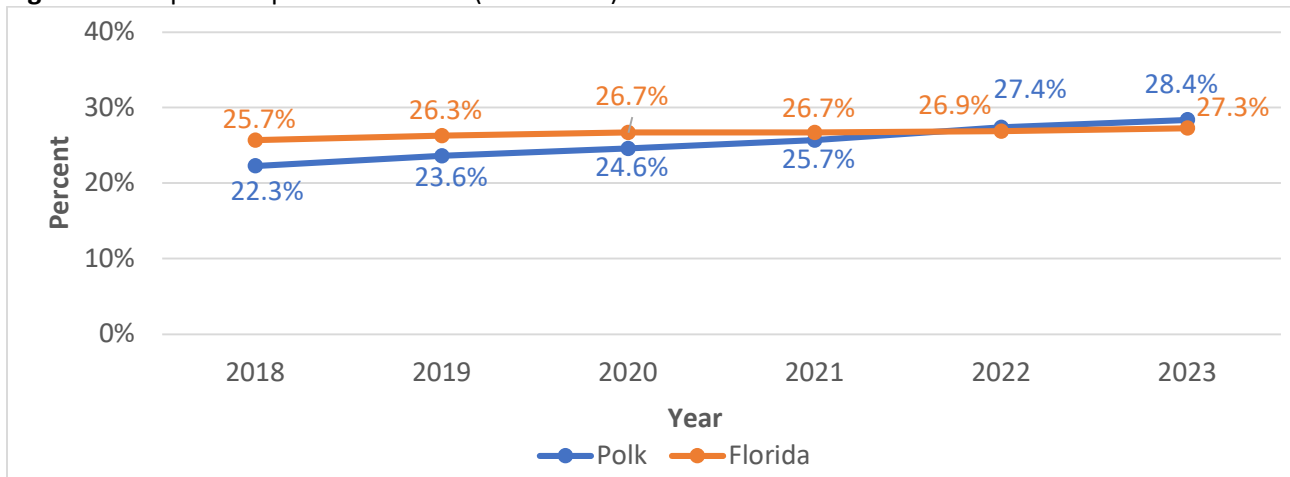
Figure 18. Population by Ethnicity (2023)

Indicator	Polk County		Florida
Ethnicity	Count	Percentage	Percentage
Hispanic	229,075	28.4%	27.3%
Non-Hispanic	562,610	71.1%	72.7%

In 2023, Polk had the 9th largest Hispanic population in the state. Polk County has a slightly larger proportion of the population that is Hispanic (28.4%) compared to the State of Florida (27.3%).

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Figure 19. Hispanic Population Growth (2018-2023)



The Hispanic population in Polk grew significantly between 2018 (22.3%) and 2023 (28.9%) compared to the State of Florida (2018 = 25.7%; 2023 = 27.3%). While Florida had a larger Hispanic population in 2018 than Polk, the proportion of population that is Hispanic in Polk surpassed that of Florida in 2022 (Polk = 27.4% vs FL = 26.9%) and 2023 (Polk = 28.9% vs FL = 27.3%).

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Language

Figure 20. Language Spoken at Home and Ability to Speak English (2023)

Indicator	Polk	Florida
Population 5 years and over	718,114	20,814,553
Speaks English only at home	73.6%	69.9%
Speaks language other than English at home	26.4%	30.1%
Spanish	22.0%	22.2%
Other Indo-European languages	3.1%	5.6%
Asian and Pacific Island languages	0.9%	1.6%
Other languages	0.4%	0.8%
Speak English less than “very well”	10.0%	12.1%

About 20% of 2024 Polk CHA Survey respondents report they speak English less than “very well”.

In Polk County, 10.0% of the population speaks English less than “very well”, suggesting a need for information and resources be made available in other languages. From the Polk CHA focus groups, community partners in 8 of the 9 focus groups identified language barriers as a challenge preventing the populations they serve from being able to access health care or social services or from achieving positive health outcomes. The languages most mentioned as needing translation services were Haitian-Creole and Spanish, including some Mexican indigenous languages.

Source: US Census Bureau ACS (5-Year Estimates) – Tables S1601

Education

Overall, people with less education (compared to those with more education) are more likely to have a number of health risks. The risks include obesity, substance abuse, and intentional or unintentional injury. Higher levels of education are associated with:

- A longer life
- An increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions.

At the same time, good health is associated with academic success. High school students with better grades tend to have higher levels of positive health behaviors. These students also tend to have lower levels of health risk behaviors.

Source: CDC, 2024

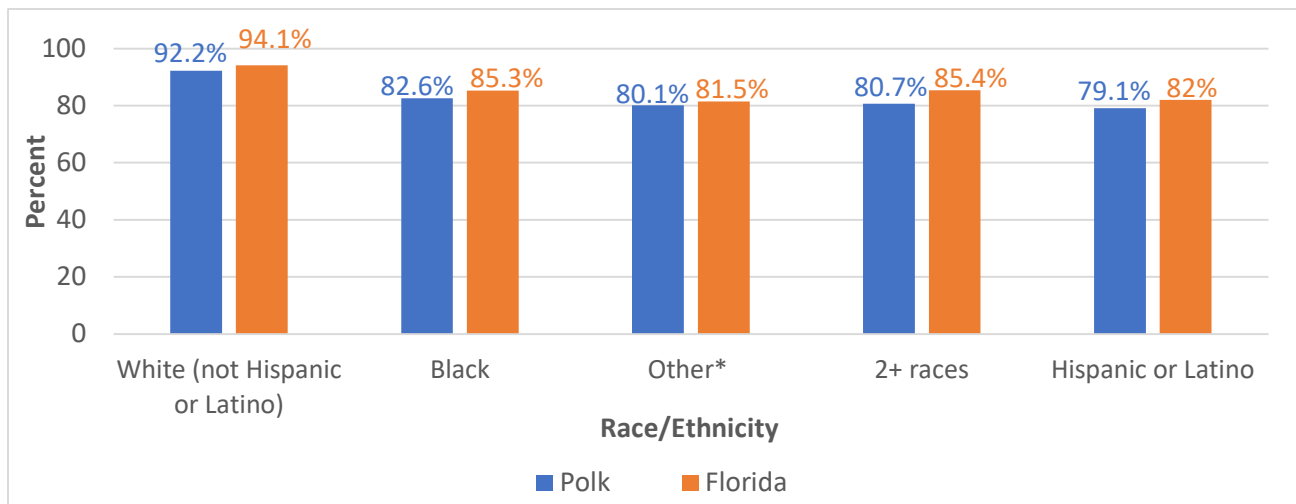
Figure 21. Educational Attainment (2018/2023 Comparison)

Indicator	Polk		Florida	
	2018	2023	2018	2023
Population 25 years and over	448,680	527,470	14,396,066	15,850,299
Less than 9 th grade education	6.1%	5.2%	4.9%	4.3%
9 th to 12 th grade education, no diploma	9.1%	7.2%	7.1%	6.1%
High School Graduate [including equivalency]	35.4%	33.2%	28.8%	27.4%
Some college education [no degree]	20.9%	21.8%	20.2%	18.9%
Associate’s degree	8.4%	9.9%	9.8%	10.1%
Bachelor’s degree	13.0%	15.3%	18.5%	20.7%
Graduate or professional degree	6.5%	7.3%	10.6%	12.5%

Polk County has a smaller proportion of the population 25 years of age and older with a post-secondary educational degree (32.5%) compared to Florida (43.3%). However, the proportion of the population 25 years of age and over with a post-secondary degree in Polk increased between 2018 (27.9%) and 2023 (32.5%), decreasing the proportion of the population 25+ years with a only a high school diploma or less education (Polk 2018 = 50.6%; Polk 2023 = 45.6%). The State of Florida experienced a similar trend with increased post-secondary degree attainment and decreased high school diploma or less educational attainment.

Source: US Census Bureau ACS (5-year estimates) – Table S1501

Figure 22. High School Graduate or Higher by Race and Ethnicity (2023)



* The racial category of “Other” includes (but is not limited to) American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander.

In Polk, the White, non-Hispanic or Latino population has the highest rate of high school graduation (92.2%) compared to the Black (82.6%), other racial (80.1%), multi-racial (80.7%) and Hispanic or Latino (79.1%) populations. A similar trend appears across the State of Florida.

Source: US Census Bureau ACS (5-year estimates) – Table S1501

Employment

The *civilian labor force* consists of all non-institutionalized civilians classified as *employed*, *unemployed*, or in the *armed forces*. The *not in labor force* category includes all people 16 years and over who are not classified as members of the labor force. This category consists mainly of students, housewives, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week).

Figure 23. Employment Status among population 16 years and over (2018/2023 Comparison)

Indicator	Polk		Florida	
	2018	2023	2018	2023
Population 16+ years of age	535,543	612,466	16,932,309	18,129,301
Civilian labor force	54.9%	57.0%	58.3%	59.2%
Employed	51.1%	54.5%	54.7%	56.3%
Unemployed	3.8%	2.5%	3.7%	2.8%
Armed Forces	0.1%	0.1%	0.3%	0.4%
Not in labor force	45.1%	42.9%	41.3%	40.4%

2024 Polk CHA Survey respondents' employment status:

- Employed full-time (46%)
- Employed part-time (12%)
- Not employed, looking for work (15%)
- Not employed, not looking for work (10%)
- Retired (12%)
- Disabled (5%)
- Not employed, Student (2%)

Between 2018 and 2023, the *employed civilian labor force* in Polk increased from 51.1% (2018) to 54.5% (2023) while the *unemployed civilian labor force* decreased from 3.8% (2018) to 2.5% (2023). The State of Florida experienced a similar trend.

Source: US Census Bureau, American Community Survey (5-year estimates) – Table DP03

Industry

The largest employers in Polk County are Publix Super Markets (21,618 employees), followed by the Polk County School Board (13,500 employees). Other top employers in Polk County include Lakeland Regional Health (7,865 employees), Walmart (5,523 employees), and Amazon (5,500 employees).

Source: Central Florida Development Council, 2024

Figure 24. Industry Workers 16 years and over (2023)

Indicator	Polk County		Florida
	2018	2023	2023
Civilian employed population 16 years and over	273,691	333,548	10,209,399
Agriculture, forestry, fishing and hunting, and mining	1.9%	1.1%	0.8%
Construction	7.8%	8.5%	8.2%
Manufacturing	6.0%	6.0%	5.2%
Wholesale trade	2.9%	2.3%	2.4%
Retail trade	14.8%	13.9%	12.1%
Transportation and warehousing, and utilities	6.1%	7.9%	6.3%
Information	1.5%	1.2%	1.6%
Finance and insurance, and real estate and rental and leasing	6.4%	6.7%	8.0%
Professional, scientific, and management, and administrative and waste management services	10.8%	11.2%	14.0%
Educational services, and health care and social assistance	19.8%	18.8%	21.0%
Arts, entertainment, and recreation, and accommodation and food services	13.9%	13.8%	11.1%
Other services, except public administration	4.5%	4.8%	5.1%
Public administration	3.8%	3.9%	4.3%

Between 2018 and 2023, Polk experienced small fluctuations of 1% or less across all industries. Currently (2023), the top three industries in Polk are:

1. Educational services, and health care and social assistance
2. Retail trade
3. Arts, entertainment, and recreation, and accommodation and food services.

Source: US Census Bureau ACS (5-Year Estimates) – Table DP03

Income

Figure 25. Median and Mean Household Income (2018/2023 Comparison)

Indicator	Polk			Florida		
	2018	2023	Change (2018 to 2023)	2018	2023	Change (2018 to 2023)
Median household income	\$48,000	\$63,644	+\$15,644	\$53,267	\$71,711	+\$18,444
Mean household income	\$63,849	\$84,031	+\$20,182	\$76,652	\$102,130	+\$25,478

Between 2018 and 2023, both the *median* and *mean* household incomes increased in Polk (median = +\$15,644; mean = +\$20,182). However, Polk County residents continue to make less money than residents across the State of Florida. In 2023, the *median* household income in Polk was \$8,000 less than the *median* household income across Florida (\$71,711 - \$63,644 = \$8,067) while the *mean* household income in Polk was \$18,000 less than the *mean* household income across Florida (\$102,130 - \$84,031 = \$18,099).

Source: US Census Bureau ACS (5-Year Estimates) – Table S1901

Figure 26. Household Income in Past 12 months (2018/2023 Comparison)

Indicator	Polk		Florida	
	2018	2023	2018	2023
Total Households	231,260	276,643	7,621,760	8,550,911
Less than \$10,000	6.7%	5.2%	6.8%	5.1%
\$10,000-\$14,999	5.1%	3.4%	4.7%	3.4%
\$15,000-\$24,999	11.4%	7.8%	10.5%	7.0%
\$25,000-\$34,999	11.6%	9.2%	10.7%	7.7%
\$35,000-\$49,999	16.7%	13.3%	14.3%	11.6%
\$50,000-\$74,999	19.7%	19.3%	18.4%	17.3%
\$75,000-\$99,999	11.9%	14.1%	11.9%	13.1%
\$100,000-\$149,999	10.8%	15.7%	12.5%	16.8%
\$150,000-\$199,999	3.3%	6.3%	4.8%	8.0%
\$200,000 or more	2.8%	5.8%	5.4%	10.1%

Most (44%) 2024 Polk CHA Survey respondents **disagree** with the statement, *“There are jobs that pay a living wage available in my community”* while about 33% agree and 23% are not sure.

The proportion of household incomes that are \$50,000 and above in Polk increased between 2018 (48.5%) and 2023 (61.2%) while the proportion of household incomes that are below \$50,000 decreased (Polk 2018 = 51.5%; Polk 2023 = 38.9%).

Source: US Census Bureau, ACS (5-Year Estimates) – Table S1901

Health Insurance

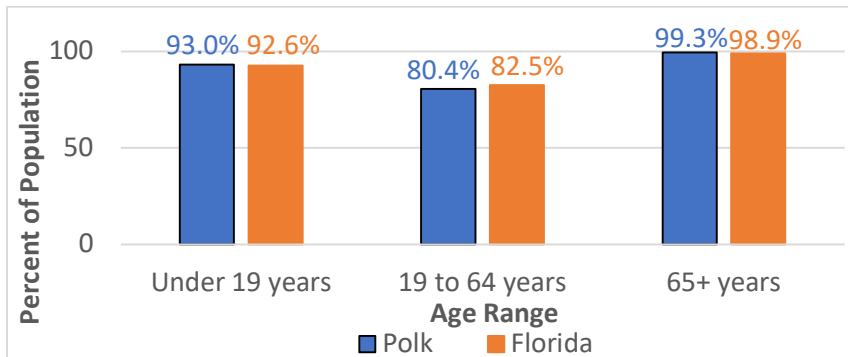
Figure 27. Health Insurance Coverage, County/State Comparison (2023)

Indicator	Polk County		Florida
	Count	Percent	Percent
Civilian noninstitutionalized population	752,294	-	21,591,588
With health insurance coverage	654,835	87.0%	88.1%
private health insurance	445,812	59.3%	63.5%
public coverage	301,784	40.1%	37.0%
No health insurance coverage	97,459	13.0%	11.9%
Civilian noninstitutionalized population (<19 years)	178,205	-	4,561,958
No health insurance coverage	12,511	7.0%	7.4%

The proportion of Polk County’s population with health insurance coverage (87.0%) is slightly lower than that of the State of Florida (88.1%). Polk has a larger percentage of *publicly* insured residents (Polk = 40.1% vs. Florida = 37.0%) while Florida has a larger percentage of *privately* insured residents (Polk = 59.3% vs. Florida = 63.5%).

Source: US Census Bureau ACS (5-Year Estimates) – Tables S2701, S2703, S2704 and B27010

Figure 28. Health Insurance Coverage by Age Range (2023)



2024 Polk CHA Survey respondents’ health insurance status:

- **Insured (86%)**
 - Commercial health insurance (31%)
 - Marketplace insurance (6%)
 - Medicare (16%)
 - Medicaid (26%)
 - County health plan (4%)
 - TRICARE (1%)
 - Veteran’s Administration (1%)
- **Uninsured (14%)**

Compared to the State of Florida, Polk County has slightly higher rates of health insurance coverage among the population under 19 years of age (Polk = 93.0% vs. FL = 92.6%) and population 65 years of age and over (Polk = 99.3% vs. FL = 98.9%). Conversely, Florida has a higher rate of health insurance coverage among the population ages 19-64 years (Polk = 80.4% vs. FL = 82.5%).

Figure 29. Health Insurance Coverage by Race (2023)

Indicator	Polk County		Florida
	Count	Percent	Percent
Health Insurance Coverage			
Black	94,915	86.1%	86.2%
White	403,162	89.5%	90.2%
Other*	81,654	79.3%	79.8%
2+ Races	75,104	84.7%	85.0%

* The racial category of “Other” includes (but is not limited to) American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander.

The White population of Polk has a higher rate of health insurance coverage (89.5%) than the Black (86.1%), multi-racial (84.7%) and “Other” (79.3%) racial populations. A similar trend exists across the State of Florida.

Figure 30. Health Insurance Coverage by Ethnicity (2023)

Indicator	Polk County		Florida
	Count	Percent	Percent
Health Insurance Coverage			
Hispanic or Latino	170,294	81.3%	82.9%
Non-Hispanic or Latino	484,541	89.3%	90.1%

Non-Hispanic or Latino populations in Polk and across Florida have higher rates of health insurance coverage (Polk = 89.3%; FL = 90.1%) compared to Hispanic and Latino populations (Polk = 81.3%; FL = 82.9%).

Source: US Census Bureau ACS (5-Year Estimates) – Table S2701

Poverty

Poverty thresholds are used for calculating the number of people in poverty. They are updated each year by the U.S. Census Bureau and vary by family size, number of children (under 18 years), and – for 1- and 2-person units – whether or not elderly. In 2023, the poverty threshold for a single person under age 65 years was \$15,852 while the poverty threshold for a single person 65 years or over was \$14,614. For a family of 4 (2 adults, 2 children), the poverty threshold was \$30,900.

Source: US Census Bureau, 2023

Figure 31. Poverty (2023)

Indicator	Polk County	Florida
Population below poverty threshold	14.7%	12.6%

The percent of the population that is below the poverty threshold is higher in Polk (14.7%) compared to the State of Florida (12.6%).

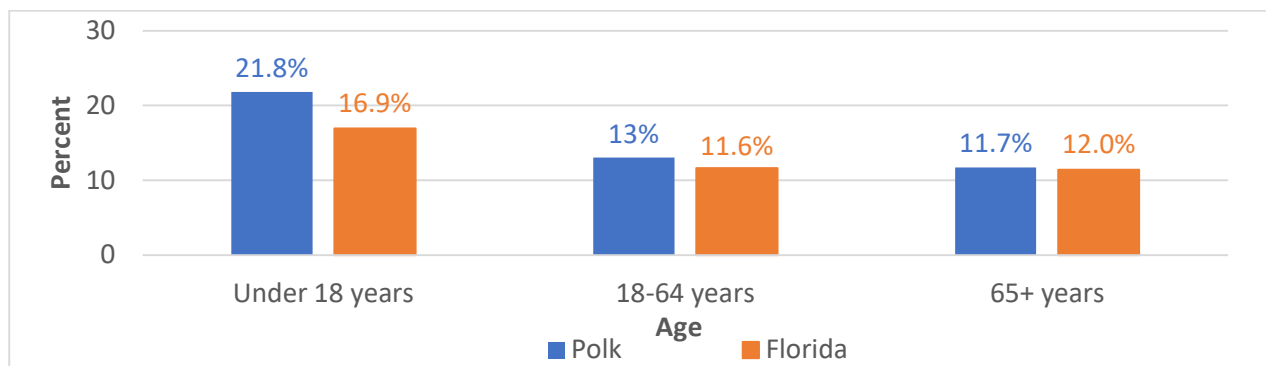
Figure 32. Poverty among Families (2023)

Indicator	Polk County	Florida
Families below poverty threshold	11.1%	8.9%
With related children under 18 years	18.2%	14.0%
With related children under 5 years	18.0%	13.4%

The percent of families with total income below the poverty threshold further illustrates a higher rate of poverty in Polk (11.1%) compared to the State of Florida (8.9%). Of Polk County families below the poverty threshold, 18.2% have children under the age of 18 that are related to the householder compared to 14.0% of families statewide. Additionally, 18.0% of Polk families below the poverty threshold have children related to the householder that are under the age of 5 years compared to 13.4% of families statewide.

Source: US Census Bureau ACS (5-Year Estimates) – Table S1702

Figure 33. Poverty by Age (2023)



The age group with the largest proportion below the poverty threshold in Polk and Florida are those under the age of 18 years. Polk County has a higher rate of youth under the age of 18 who fall below the poverty threshold (21.8%) compared to the State of Florida (16.9%).

Source: US Census Bureau ACS, 5-Year Estimates – Table S1701

Figure 34 (A and B). Poverty by Race (2023)

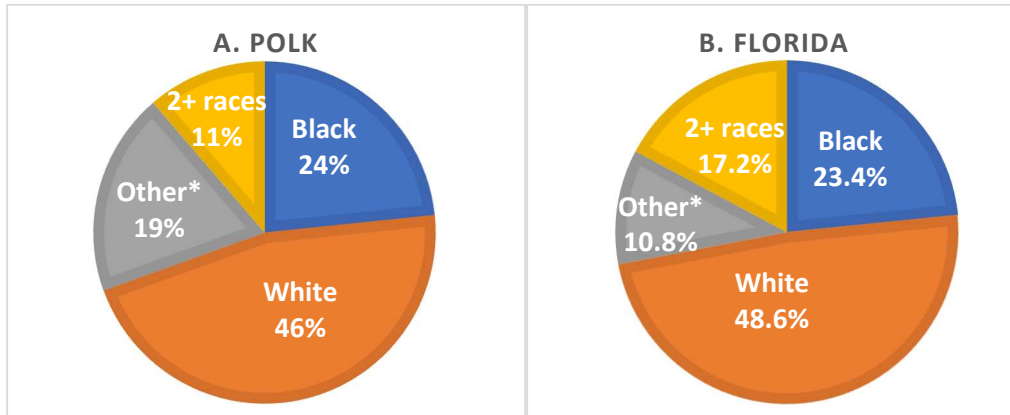
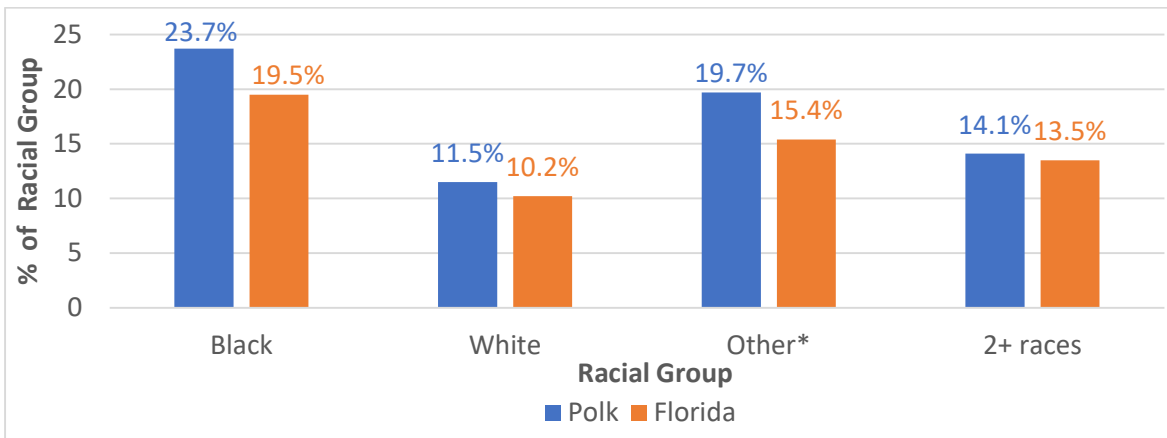


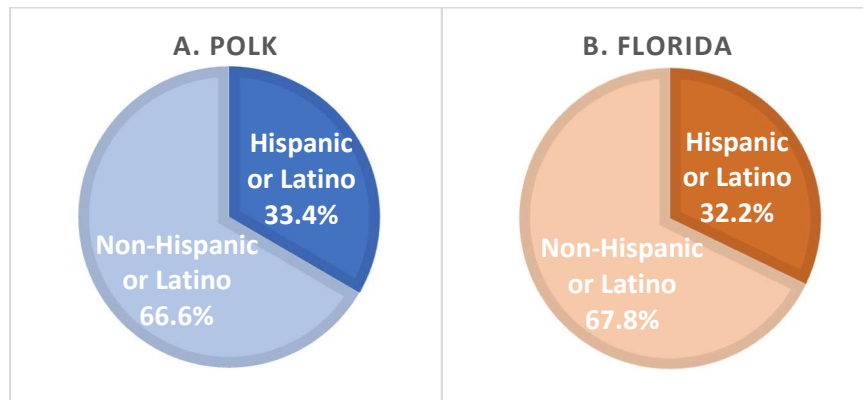
Figure 35. Poverty by Proportion of Racial Group (2023)



* The racial category of “Other” includes (but is not limited to) American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander.

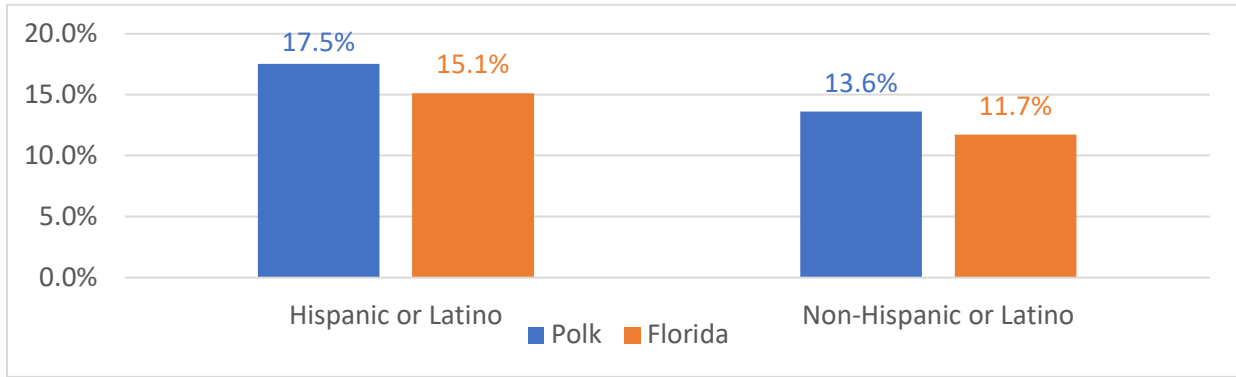
Although the majority of the population below the poverty threshold in Polk is White (46%), Black and Other populations have higher proportions of their racial group that fall below the poverty threshold compared to the White population. In Polk, about 24% of the Black population falls below the poverty threshold, followed by about 20% of Other, 14% of multi-racial, and 12% of White populations.

Figure 36 (A and B). Poverty by Ethnicity (2023)



Source: US Census Bureau ACS, 5-Year Estimates – Table S1701

Figure 37. Poverty by Proportion of Ethnic Group (2023)



While the proportion of the population below the poverty threshold is largely made up of non-Hispanic or Latino ethnic groups in Polk (66.6%) and across Florida (67.8%), a larger proportion of the Hispanic or Latino population falls below the poverty threshold in Polk (17.5%) and Florida (15.1%) compared to the non-Hispanic or Latino population (Polk = 13.6%; FL = 11.7%).

Source: US Census Bureau ACS, 5-Year Estimates – Table S1701

Asset Limited, Income Constrained, Employed (ALICE)

ALICE is an acronym for Asset Limited, Income Constrained, Employed – households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. The *Household Survival Budget* is the bare minimum cost of household basics necessary to live and work in the current economy. Basic budget items include housing, childcare, food, transportation, health care and technology, plus taxes. Households that earn less than the basic cost of living – including households in poverty – are considered to be below the *ALICE Threshold*.

Figure 38. Household Survival Budget for Polk County, FL (2022)

	Monthly Total	Annual Total	Hourly Wage
Single Adult	\$2,470	\$29,640	\$14.82
2 Adults	\$3,641	\$43,692	\$21.85
2 Adults, 2 School-age Children	\$5,831	\$69,972	\$34.99
2 Adults, 2 Children (1 infant, 1 preschooler)	\$6,906	\$82,872	\$41.44
Single Adult 65+	\$2,829	\$33,948	\$16.97
2 Adults 65+	\$4,303	\$51,636	\$25.82

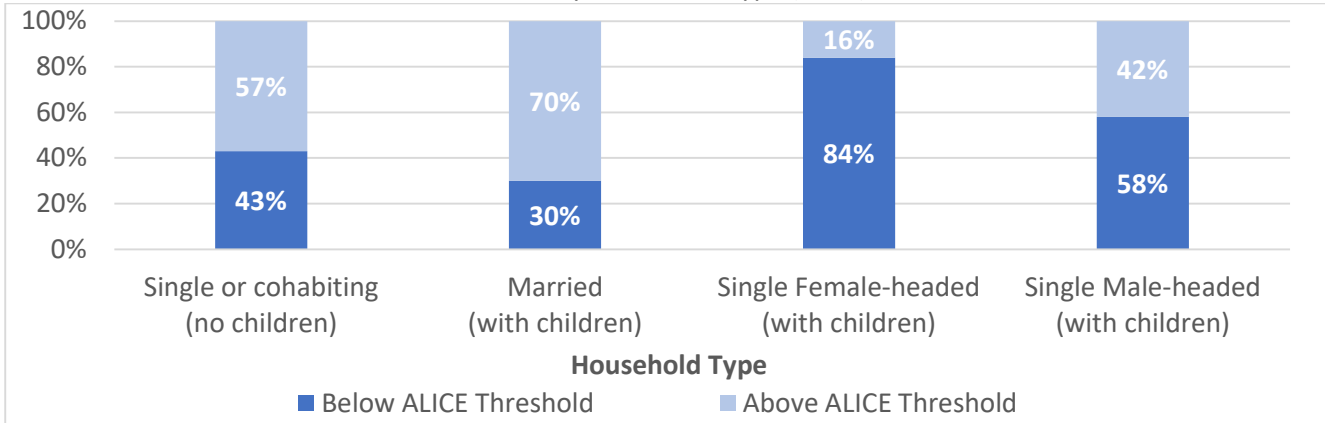
For a family of 4 (2 adults, 2 children) living in Polk County, the *Household Survival Budget* is between \$69,972-\$82,872.

Figure 39. Households Below ALICE Threshold (2022)

Indicator	Polk		Florida
	Count	Rate	Rate
Total Households Below ALICE Threshold	139,748	48%	46%
Households in poverty (below Federal Poverty Level)	43,671	15%	13%
ALICE Households (excluding households in poverty)	96,077	33%	33%

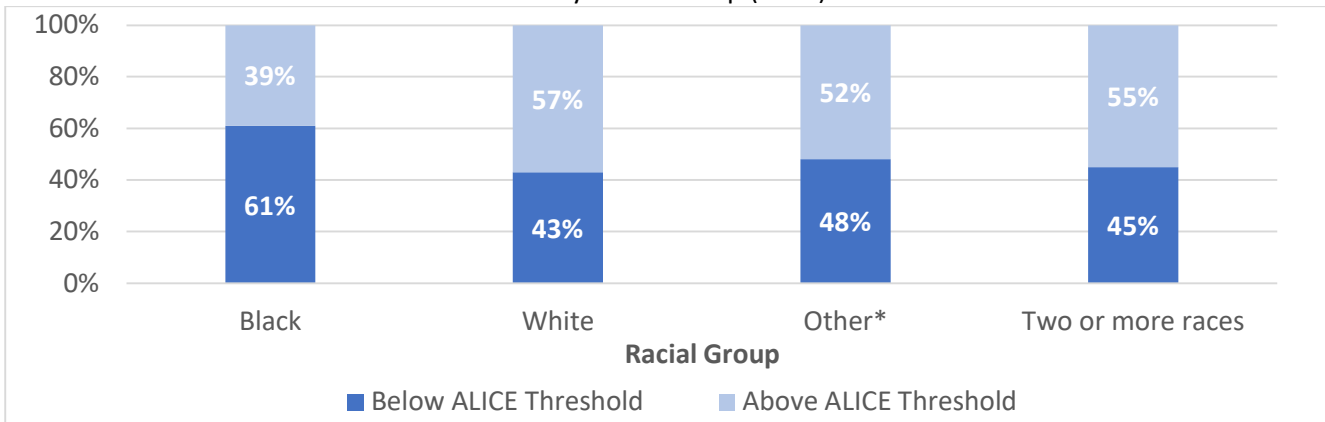
In 2022, 15% of Polk County households ($n = 291,994$) lived in poverty while an additional 33% of households fell below the *ALICE Threshold*. Altogether, almost half of households in Polk County (48%) did not make enough money to afford their basic needs.

Figure 40. Polk Households Below ALICE Threshold by Household Type (2022)



When looking at types of households, single female-headed households with children (84%) are more likely to fall below the ALICE Threshold in Polk than single male-headed households with children (58%), households with no children (43%), and married households with children (30%).

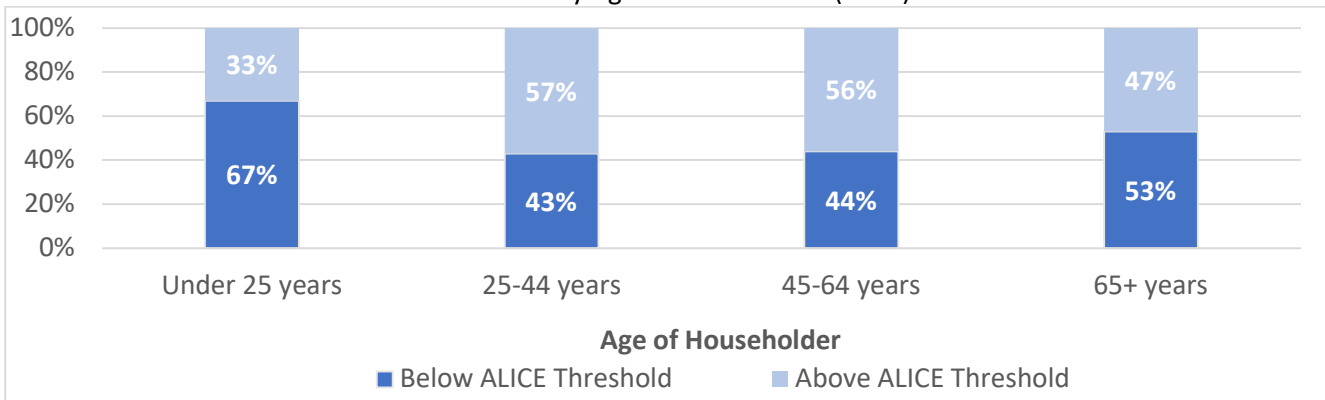
Figure 41. Polk Households Below ALICE Threshold by Racial Group (2022)



*The racial category of “Other” includes (but is not limited to) American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander.

The Black population in Polk has the largest proportion of households below the ALICE Threshold, with more than half (61%) of Black households falling below the ALICE Threshold.

Figure 42. Polk Households Below ALICE Threshold by Age of Householder (2022)



Polk Householders under the age of 25 years have the largest proportion of households below the ALICE Threshold (67%), followed by householders 65 years and over (53%).

Supplemental Nutrition Assistance Program (SNAP)

SNAP, formerly known as the Food Stamp Program, is the nation’s most important anti-hunger program. SNAP stands for Supplemental Nutrition Assistance Program and provides nutritional support for low-income seniors, people with disabilities living on fixed incomes, and other individuals and families with low incomes. SNAP is a federal program administered by the Florida Department of Children and Families Office of Economic Self-Sufficiency (ESS). ESS is responsible for determining eligibility for SNAP using federal guidelines.

Source: DCF, 2024

Figure 43. Households Receiving SNAP Benefits in Past 12 Months (2023)

Indicator	Polk County		Florida
	Count	Rate	Rate
Households Receiving SNAP Benefits	40,315	14.6%	12.6%

In Polk County, 14.6% of households receive SNAP benefits, compared to 12.6% of households across the State of Florida.

Source: US Census Bureau ACS (5-year estimates) – Table S2201

Figure 44 (A and B). Households Receiving SNAP Benefits in Past 12 Months by Race (2023)

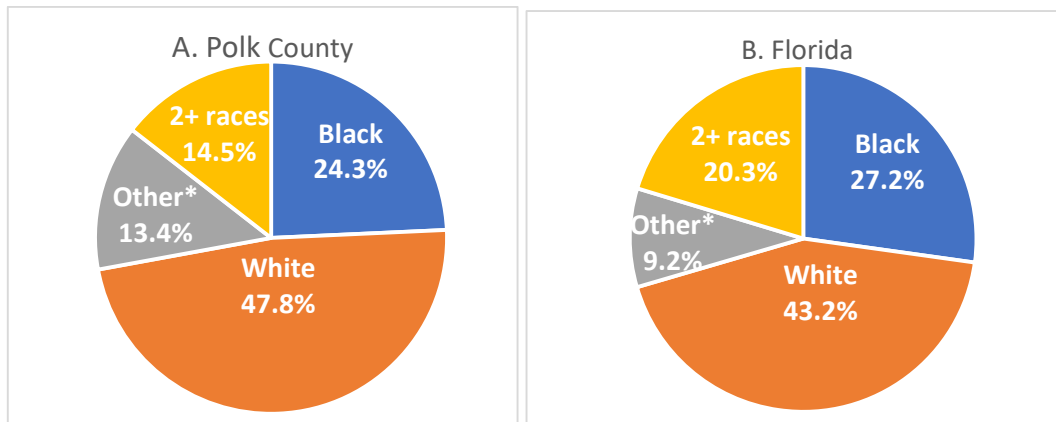
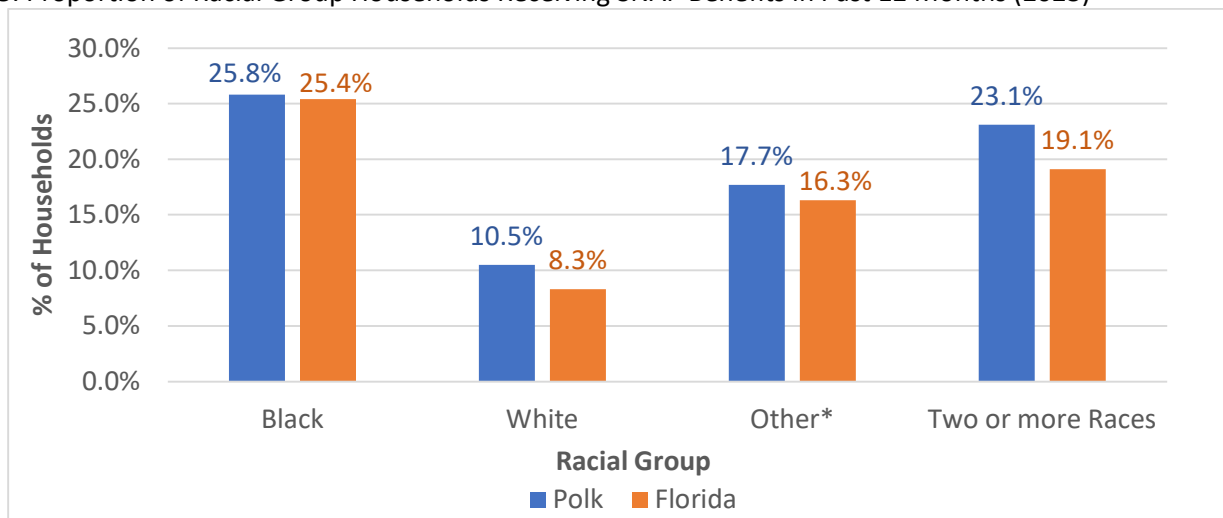


Figure 45. Proportion of Racial Group Households Receiving SNAP Benefits in Past 12 Months (2023)



*The racial category of “Other” includes (but is not limited to) American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander.

The majority of Polk households receiving SNAP benefits have a householder who is White (47.8%); however, only 10.5% of all White householders in Polk receive SNAP benefits, compared to 25.8% of Black householders, 23.1% of multi-racial householders, and 17.7% of Other racial group householders. *Note: The category “Other” includes American Indian and

Alaska Native (alone), Asian (alone), Native Hawaiian and Other Pacific Islander (alone) and some other race (alone). A similar trend is seen across the State of Florida.

Source: US Census Bureau ACS (5-year estimates) – Table S2201

Figure 46. Households Receiving SNAP Benefits in Past 12 months by Ethnicity (2023)

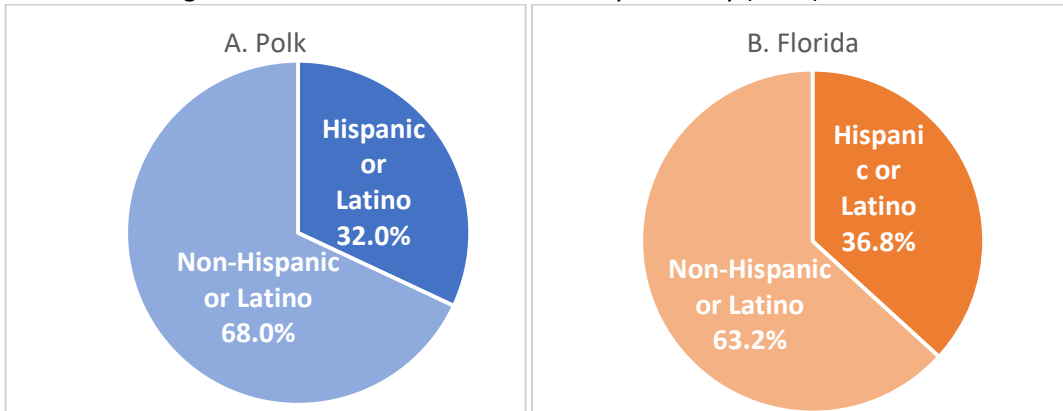
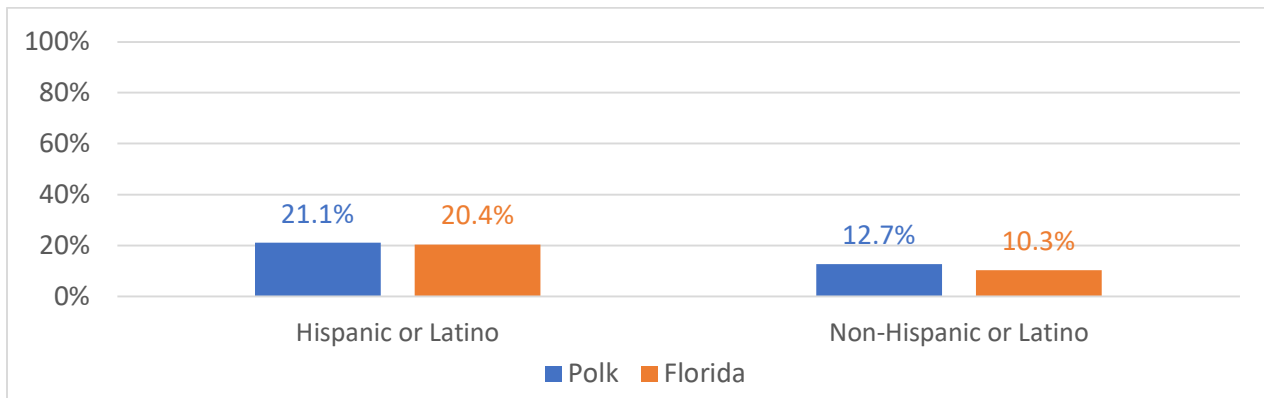
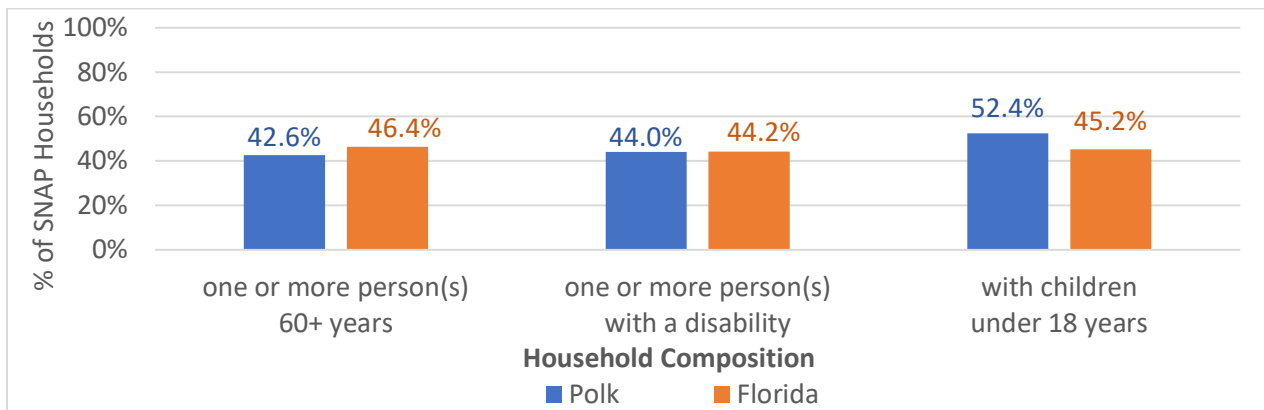


Figure 47. Proportion of Ethnic Group Households Receiving SNAP Benefits in Past 12 months (2023)



The majority of Polk households receiving SNAP benefits have householders who are non-Hispanic or Latino (32.0%); however, a larger proportion of households with a Hispanic or Latino householder receive SNAP benefits (21.1%) compared to households whose householder is non-Hispanic or Latino (12.7%). A similar trend is seen across the State of Florida.

Figure 48. Households Receiving SNAP Benefits in the Past 12 months by Household Composition (2023)



Among Polk households receiving SNAP benefits, 52.4% have children under the age of 18, 44.0% have one or more person(s) with a disability, and 42.6% have one or more person(s) 60 years of age or older.

Source: US Census Bureau ACS (5-year estimates) – Table S2201

Housing

Figure 49. Housing (2023)

Indicator	Polk County		Florida
	Count	Percent	Percent
Total Housing Units	329,750		10,082,356
Occupied Housing Units	276,643	83.9%	84.8%
Owner-occupied	193,698	70.0%	67.3%
Renter-occupied	82,945	30.0%	32.7%
Vacant Housing Units	53,107	16.1%	15.2%
Mobile Home Units	65,950	20.0%	8.2%

Most (52%) 2024 Polk CHA Survey respondents **disagree** with the statement, *“There are low-cost places to live in my community”*.

The housing unit occupancy rate in Polk County (83.9%) is similar to the occupancy rate across the State of Florida (84.8%). Among occupied housing units, Polk has a slightly higher proportion of owner-occupied housing units (70.0%) compared to the State of Florida (67.3%). Additionally, Polk has a higher rate of mobile home units (20.0%) compared to the state (8.2%).

Figure 50. Value of Owner-Occupied Housing Units (2023)

Indicator	Polk County		Florida
	Count	Percent	Percent
Less than \$50,000	18,891	9.8%	5.1%
\$50,000-\$99,000	18,314	9.5%	4.9%
\$100,000-\$149,999	16,609	8.6%	6.0%
\$150,000-\$199,999	21,176	10.9%	7.9%
\$200,000-\$299,999	54,641	28.2%	21.5%
\$300,000-\$499,999	48,843	25.2%	31.7%
\$500,000-\$999,999	13,106	6.8%	17.9%
\$1,000,000 or more	2,118	1.1%	5.0%

Compared to the State of Florida, Polk County has more owner-occupied housing units valued at under \$300,000 (Polk = 67% vs FL = 45.4%) while Florida has more owner-occupied housing units valued at over \$300,000 (Polk = 33% vs FL = 54.6%).

Figure 51. Median Value of Owner-Occupied Units

Indicator	Polk County			Florida		
	2018	2023	Change (2018-2023)	2018	2023	Change (2018-2023)
Median Value of Owner-Occupied Units (dollars)	\$135,400	\$240,000	+\$104,600	\$196,800	\$325,000	+\$128,200

The median value of owner-occupied housing units in Polk County (\$240,000) is \$85,000 less than the median value of owner-occupied housing units throughout the State of Florida (\$325,000).

Source: US Census Bureau ACS (5-Year Estimates) – Table DP04 and CP04

Figure 52. Households by Household Type (2023)

Indicator	Polk County		Florida
	Count	Percent	Percent
Total Occupied Housing Units	276,643		8,550,911
Married couple	134,908	48.8%	46.7%
Cohabiting couple	23,413	8.5%	7.5%
Male householder (no spouse/partner present)	45,053	16.3%	17.7%
Female householder (no spouse/partner present)	73,269	26.5%	28.1%
Householder living alone	67,639	24.4%	28.2%

Almost half (48.8%) of occupied housing units in Polk County are occupied by a married couple, followed by female householders with no spouse or partner present (26.5%). Additionally, about one-quarter (24.4%) are occupied by a householder living alone.

Source: US Census Bureau ACS (5-Year Estimates) – Table DP02

Figure 53. Households by Household Composition (2023)

Indicator	Polk County	Florida
Households with one or more people under 18 years	30.6%	26.5%
Households with one or more people 65 years and over	37.2%	37.5%

Although Polk has a similar proportion of households that include 1 or more persons aged 65 years or older (~37%), Polk has a higher proportion of households with 1 or more persons aged 18 years or younger (Polk = 30.6% vs FL = 26.5%).

Source: US Census Bureau ACS (5-Year Estimates) – Table S1101

Figure 54. Households by Vehicle Availability (2023)

Indicator	Polk County	Florida
Households with no vehicle available	5.3%	5.9%
Households with 1 vehicle available	38.4%	38.8%
Households with 2+ vehicle available	56.3%	55.3%

Over half of Polk households have 2 or more vehicles available (56.3%) while about 5% have no vehicle available. A similar trend exists across the State of Florida.

Source: US Census Bureau ACS (5-Year Estimates) – Table S2504

Figure 55. Households by Computer/Internet Access (2023)

Indicator	Polk County	Florida
Households with one or more types of computing device	95.1%	96.0%
Households with an internet subscription	88.5%	90.4%

Most (61%) 2024 Polk CHA Survey respondents agree with the statement, *“My community has access to reliable internet”*.

Most households in Polk have one or more types of computing device (95.1%) such as a cell phone, computer, tablet, etc. However, a smaller proportion (88.5%) have an internet subscription.

Source: US Census Bureau ACS (5-Year Estimates) – Table S2801

Housing Cost Burden

Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is “select monthly owner costs,” which includes mortgage payments, utilities, association fees, insurance, and real estate taxes. The U.S. Department of Housing and Urban Development (HUD) defines *cost-burdened families* as those “who pay more than 30% of their income for housing” and “may have difficulty affording necessities such as food, clothing, transportation, and medical care.”

About **18%** of 2024 Polk CHA Survey respondents report they, “...are worried or concerned that in the next 2 months [I] may not have stable housing that [I] own, rent, or stay in”.

Figure 56. Housing Cost Burden in Polk County (2017-2021)

Indicator	Owner		Renter		Total	
	Count	Percent	Count	Percent	Count	Percent
Cost Burden ≤30%	134,890	77.1%	40,670	52.1%	175,560	69.3%
Cost Burden >30% to ≤50%	21,660	12.4%	17,125	21.9%	38,785	15.3%
Cost Burden >50%	16,485	9.4%	17,840	22.8%	34,325	13.6%
Cost Burden not available	1,995	1.1%	2,505	3.2%	4,500	1.8%
Total	175,040		78,140		253,180	

In Polk County, 28.9% of households spend more than 30% of their income on housing costs. Renter-occupied households are more than twice as likely to be housing cost burdened (44.7%) compared to owner-occupied households (21.8%).

Source: HUD Consolidated Planning/CHAS Data, 2017-2021

Figure 57. Lakeland-Winter Haven, FL MSA Fair Market Rent by Bedroom Size (2025)

Year	Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom
2025	\$1,085	\$1,092	\$1,337	\$1,797	\$2,245

Source: US Department of Housing and Urban Development (HUD), Fair Market Rent Documentation System

Vulnerable Populations in Polk County

Unfortunately, certain populations sometimes experience differences in health outcomes at higher rates than other populations. Differences in health outcomes are largely caused by social and/or economic factors that impact health and the ability to make healthy decisions, including a person’s health status and access to health care, social and community context, education status, economic stability, and neighborhood and built environment.

Populations in Polk County that face differences in health outcomes include the following:

➤ *Racial and Ethnic Minorities: The Hispanic and Black Populations*

The racial breakdown of Polk County is 77% White and 17% Black. Ethnically, about 29% of Polk County residents are Hispanic. Unfortunately, as with racial and ethnic minorities across the country, these populations often experience differences in health outcomes. Factors contributing to differences faced by these populations include institutionalized and systemic racism, lack of access to health care and social services, language and cultural barriers, and political climate.

Across Polk County, the Hispanic population experiences worse rates of the following (as compared to the non-Hispanic population):

- Age-adjusted coronary heart disease hospitalizations
- Age-adjusted hospitalizations and deaths from stroke
- age-adjusted ED visits and hospitalizations from hypertension
- Age-adjusted ED visits, hospitalizations, and deaths from diabetes
- Age-adjusted ED visits and hospitalizations from asthma
- Age-adjusted deaths from cervical cancer
- Age-adjusted deaths from prostate cancer
- Births to teen mothers
- Births to mothers with adequate prenatal care

Across Polk County, the Black population experiences worse rates of the following (as compared to the White population):

- Age-adjusted deaths from coronary heart disease
- Age-adjusted hospitalizations from or with congestive heart failure listed as any diagnosis
- Age-adjusted hospitalizations and deaths from stroke
- Age-adjusted deaths from hypertensive heart disease
- Age-adjusted ED visits, hospitalizations, and deaths from hypertension
- Age-adjusted ED visits, hospitalizations, and deaths from diabetes
- Age-adjusted hospitalizations from CLRD (including asthma)
- Age-adjusted ED visits and hospitalizations from asthma
- Age-adjusted deaths from breast cancer
- Age-adjusted deaths from colorectal cancer
- Age-adjusted deaths from prostate cancer
- Age-adjusted incidence (new cases) of prostate cancer
- More often victims of homicide
- Infant mortality
- Births to teens, repeat births to teens, preterm birth, low birthweight babies and very low birthweight babies
- Births to mothers with adequate prenatal care
- Bacterial STDs
- HIV diagnoses
- Deaths from HIV/AIDS
- Age-adjusted ED visits and hospitalizations from mental disorders
- Age-adjusted ED visits and hospitalizations from mental disorders, EXCEPT drug and alcohol-induced mental disorders
- Age-adjusted hospitalizations from mood and depressive disorders
- Age-adjusted hospitalizations from schizophrenic disorders

Source: Various data sources accessed via FL Health CHARTS

➤ *Aging Adults*

Health becomes more fragile with age, so it is important for aging adults to adopt healthy habits and behaviors, stay involved in their communities, utilize preventive services, and manage health conditions in order to stay healthy and active. In Polk County, about 20% of the population is age 65 years or older.

As part of the 2024 Polk CHA process, a focus group was held with aging adult service providers who identified several priority issues impacting health and quality of life for aging adults in Polk, including (but not limited to):

- Lack of safe and affordable housing
- Poor mental health and social connectedness
- Food insecurity and poor nutrition
- Ageism
- Difficulty accessing health services – largely due to:
 - Difficulties navigating technology
 - Difficulties navigating health systems
 - No or inadequate health insurance coverage
 - Transportation barriers
 - Financial barriers

For additional information about this vulnerable population, please see the *Aging Adults* section beginning on page 172.

➤ *Homeless/Unhoused Individuals*

Rising housing costs and stagnant wages are leading more people to lose their housing and experience homelessness. Homelessness can be defined in several ways. Commonly, people are considered to be experiencing homelessness if they stay in a shelter, live in transitional housing, or sleep in a place not meant for human habitation, such as a car or outdoors. Sometimes people are considered to be experiencing homelessness if they are living in a motel or are doubled up with family or friends because they do not have anywhere else to stay.

People experiencing homelessness are at increased risk for infectious and non-infectious diseases. Homelessness is known to increase the risk for infectious diseases such as Viral Hepatitis (especially Hepatitis C), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), and Coronavirus Disease 2019 (COVID-19). People experiencing homelessness also commonly face mental illness, alcohol and substance use disorder, diabetes, and heart and lung disease.

Experiences of homelessness introduce many risk factors to health:

- Staying in congregate settings like homeless shelters increases risk for respiratory infections like TB and COVID-19.
- Stress, uncertainty, and threats to safety while experiencing homelessness increases risk for mental illnesses, such as anxiety, depression, and post-traumatic stress disorder (PTSD).
- Injection drug use and limited access to safe use supplies increases risk for Viral Hepatitis, HIV, and other bloodborne pathogens.
- Structural and social barriers to health care and other social services can lead to worse health outcomes, such as severe illness or death.

Source: CDC, 2024

The U.S. Department of Housing and Urban Development (HUD) oversees the Continuum of Care (CoC) program, which seeks to end homelessness by promoting access to and effective utilization of mainstream programs among homeless individuals and families. In Polk, The Homeless Coalition of Polk County, Inc. serves as the CoC program provider.

Figure 58. Polk Continuum of Care (CoC) Program (2023)

Indicator	Polk County
Total <u>households</u> experiencing homelessness	1,409
Total <u>individuals</u> experiencing homelessness	3,686
<u>Individuals</u> becoming homeless for the first time	110
<u>Individuals</u> returning to the homeless system (CoC)	535

In 2023, 3,686 unhoused individuals were served by the Polk CoC program, including 1,409 households (families) experiencing homelessness.

Source: Homeless Coalition of Polk County, Inc. - Homeless Management Information System (HMIS)

The Polk County School District operates the HEARTH (Homeless Education Advocates Restoring the Hope) Project, which helps homeless and in-transition families and children by eliminating barriers to school enrollment, attendance, stability, and overall academic success. According to the Florida Department of Education, 3.2% of the Polk County Public Schools student population was homeless during the 2023-24 school year.

Sources: Polk County Public School, The HEARTH Project; FL Department of Education

Figure 59. Students Experiencing Homelessness in Polk County Public Schools

Indicator	School Year	Count
HEARTH students*	2018-2019	3,725
	2023-2024	5,089

* HEARTH data counts do NOT include non-school aged members of the household (younger or older siblings, parents, etc.).

During the 2023-24 school year, the HEARTH Project served a total of 5,089 students experiencing homelessness within the school system, which is an increase of over 1,300 students since the 2018-19 school year.

Source: Polk County Public Schools, the HEARTH Project

A focus group was also conducted among homeless and unhoused service providers as part of the 2024 Polk CHA process. Priority issues impacting the health and quality of life of the homeless and unhoused population in Polk County include (but not limited to):

- Lack of affordable housing
- Behavioral health issues – including mental health, substance use and addiction
- Food insecurity and poor nutrition
- Difficulty accessing health services – largely due to:
 - lack of access to technology/communications
 - lack of health insurance coverage
 - transportation barriers
 - financial barriers

➤ *Migrant & Seasonal Workers*

While it is hard to estimate how many migrant workers enter Polk County each year, there is a significant migrant and seasonal farm worker population in Polk County during certain times of year. Migrant and seasonal farm workers face special health challenges from the nature of their lifestyle and work. Many are uninsured and may not be in the US legally, which prevents them from accessing health care and other social services. Furthermore, the passage of Florida Senate Bill 1718 (2023) has instilled fear in many migrant families who are foregoing non-emergency medical treatment and preventative care.

To ensure safe and healthy living conditions for those working in our farm industry, environmental public health specialists from the Florida Department of Health conduct semi-quarterly inspections of migrant housing during the migrant farmworker season. At the beginning of every migrant season, annual permits are issued to camp owners meeting minimum standards of safe and sanitary conditions to protect the health and safety of migrant workers. In Polk, migrant season usually runs from October 1 through May 1.

Figure 60. Migrant Labor Camp Inspections

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Unsatisfactory Inspections of Migrant Labor Camps	Percent	2021-23	78	8.7%	9.4%

Source: FDOH Bureau of Environmental Health

A focus group was also conducted among migrant service providers as part of the 2024 Polk CHA process. Priority issues impacting the health and quality of life of the migrant population in Polk County include (but not limited to):

- Poor housing conditions
- Mental and behavioral health challenges (among both parents and children)
- Food insecurity and poor nutrition
- Difficulty accessing health services – largely due to:
 - cultural and linguistic barriers
 - migration patterns
 - lack of access to technology
 - lack of health insurance coverage
 - job demands (no paid time off)
 - financial barriers
 - immigration laws.

➤ *Individuals of Low-Socioeconomic Status (SES)*

Individuals of low-socioeconomic status (SES) are more likely to experience poorer health outcomes than individuals of higher-SES due to a variety of factors. Low-SES individuals are less likely to have access to education needed to earn higher income, which impacts their ability to work and be financially secure. Poverty further limits access to healthy foods, safe neighborhoods and healthcare, with many low-income families foregoing preventative care and waiting until an illness is severe before seeking medical treatment.

Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. Children make up the largest age group of those experiencing poverty; In Polk County, about 22% of children under the age of 18 years are below poverty level, compared to 13% of adults (ages 18-64 years), and 12% of older adults (ages 65+ years). Childhood poverty is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits. Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty. In addition to lasting effects of childhood poverty, adults living in poverty are at a higher risk of adverse health effects from obesity, smoking, substance use, and chronic stress while many older adults with lower incomes experience higher rates of disability and mortality.

Source: US Department of Health and Human Services, Office of Disease Prevention and Health Promotion

For additional information about poverty in Polk County, please refer to the poverty data in this report, beginning on page 19.

➤ *Individuals with Disabilities*

A disability is any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them. More than 1 in 4 adults (28.7%) in the United States have some type of disability.

Although "people with disabilities" sometimes refers to a single population, this is actually a diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see.

There are many types of disabilities that can affect one or more aspects of an individual’s functioning, such as their vision, movement, thinking, memory, learning, communication, hearing, mental health, and/or social relationships. Some functional disability types include:

- *Mobility* – serious difficulty walking or climbing stairs
- *Cognition* – serious difficulty concentrating, remembering, or making decisions
- *Independent living* – serious difficulty doing errands alone, such as visiting a doctor’s office or shopping for groceries
- *Hearing* – deaf or serious difficulty hearing
- *Vision* – blind or serious difficulty seeing, even when wearing glasses
- *Self-care* – difficulty dressing or bathing

Source: CDC Disability and Health Data System, 2024

Figure 61. Disability Status (2022)

Indicator	Measure	Polk	Florida
Civilian Non-institutionalized Population	Count	727,324	21,300,363
With a disability (age-adjusted)	Percent	14.1%	13.5%
Youth (ages 0-17 years) with a disability	Percent	5.3%	4.8%
Adults (ages 18-64 years) with a disability	Percent	11.5%	10.0%
Aging adults (ages 65+ years) with a disability	Percent	31.9%	31.8%

In Polk, there is a slightly higher percentage of the civilian non-institutionalized population living with a disability (14.1%) compared to the State of Florida (13.5%).

Source: US Census Bureau ACS (5-Year Estimates)

The Agency for Persons with Disabilities (APD) is tasked with serving the needs of Floridians with developmental disabilities. APD works with local communities and private providers to support people who have developmental disabilities and their families in living, learning, and working in their communities; provides assistance in identifying the service needs of people with developmental disabilities; and educates the public on disability issues while focusing attention on employment for people with disabilities.

Source: Agency for Persons with Disabilities (APD), 2019

The following data (Figure 62) depicts the number of ADP clients with developmental disabilities. A developmental disability means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Figure 62. Developmentally Disabled Clients

Indicator	Year	Polk County		Florida
		Quartile	Count	
Developmentally Disabled Clients	2024	4	1,737	60,405

In 2024, the number of developmentally disabled clients in Polk was 1,737 compared to Florida at 60,405. Polk is in the 4th quartile for this measure, meaning that relative to other counties in Florida, there are more developmentally disabled clients in Polk than in about three-quarters of Florida’s 67 counties.

Source: Agency for Persons with Disabilities (ADP) – via FLHealthCHARTS

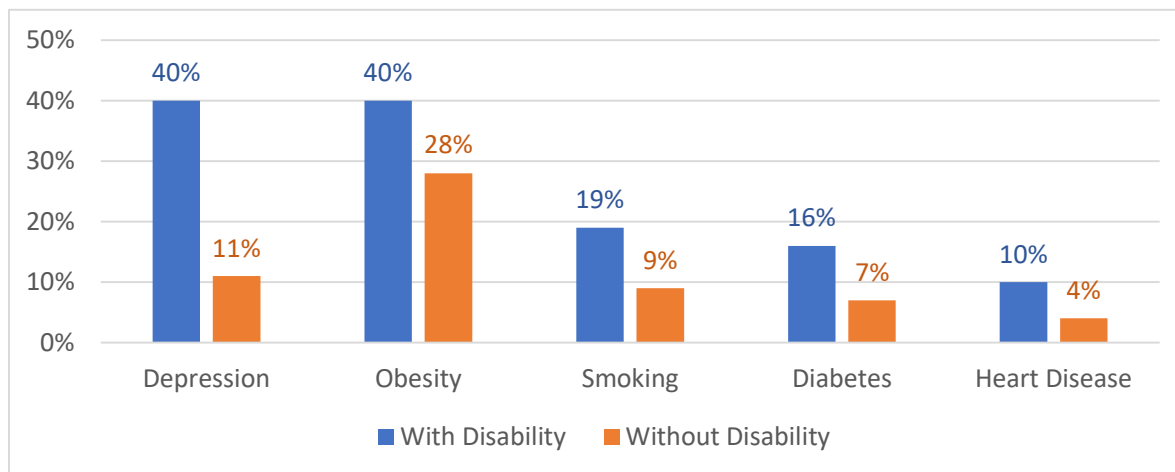
Figure 63. Disability Type among Adults Ages 18+ Years (2022)

Indicator	Polk County	Florida
Adults (ages 18+ years) with any disability	35.6%	29%
Hearing disability	8.2%	6%
Vision disability	7.4%	6%
Cognitive disability	16.7%	14%
Mobility disability	17.2%	12%
Self-care disability	4.9%	4%
Independent living disability	9.4%	7%

In addition to having a higher percentage of adults ages 18+ years with a disability, Polk has higher percentages of adults with hearing (Polk = 8.2% vs FL = 6%), vision (Polk = 7.4% vs. FL = 6%), cognitive (Polk = 16.7% vs. FL = 14%), mobility (Polk = 17.2% vs. FL = 12%), self-care (Polk = 4.9% vs. FL = 4%), and independent living (Polk = 9.4% vs. FL = 7%) disabilities compared to the State of Florida.

Sources: CDC PLACES; CDC Disability and Health Data System

Figure 64. Health Conditions Among Florida Adults With and Without a Disability



From the CDC’s 2022 Behavioral Risk Factor Surveillance System (BRFSS), Florida adults with a disability are more likely to report depression, obesity, smoking, diabetes, and heart disease compared to Florida adults without a disability.

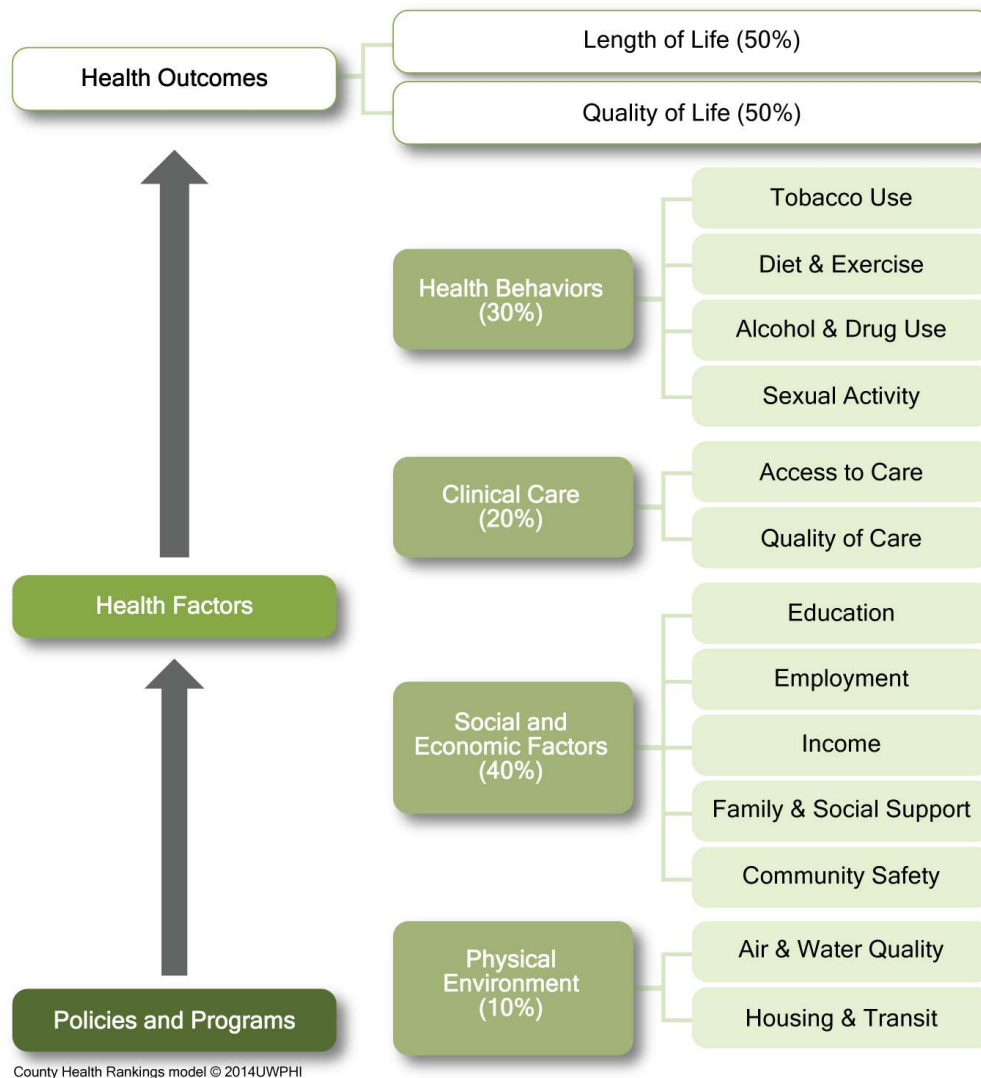
Source: CDC Disability and Health Data System

COUNTY HEALTH RANKINGS

The Robert Wood Johnson Foundation (RWJF), in partnership with University of Wisconsin Population Health Institute, has created a program called County Health Rankings & Roadmaps, which ranks the health of nearly every county in the U.S. The Rankings are based on a model of population health that emphasizes factors that can make communities healthier places to live, learn, work, and play. These factors include a person’s health and health care, social and community context, education status, economic stability, and neighborhood or built environment. This model uses more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

The model breaks down the factors that contribute to length and quality of life.

Figure 65. The Robert Wood Johnson Foundation’s County Health Rankings Model



Health outcomes represent how healthy a county is right now. They reflect the physical and mental wellbeing of residents within a community through measures representing length of life and quality of life.

Length of life indicates whether people are dying too early and prompts investigation into what is causing premature deaths. According to the RWJF County Health Rankings Model, length of life makes up *50% of our health outcomes*.

Quality of Life refers to how healthy people feel while alive. It represents the wellbeing of a community and the importance of physical, mental, social, and emotional health from birth through adulthood. According to the RWJF County Health Rankings Model, *quality of life makes up the other 50% of our health outcomes*.

Health factors represent things that can be modified to improve the length and quality of life for residents of a community. Health factors include:

Health behaviors are actions individuals take that affect their health, including actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. According to the RWJF County Health Rankings Model, *health behaviors make up 30% of our health factors*.

Tobacco use is the leading cause of preventable death in the U.S. It affects not only those who choose to use tobacco, but also people who live and work around tobacco.

Diet & exercise are important factors that shape health and risk of being overweight and obese. The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity.

Alcohol & drug use can be harmful to the health and wellbeing of individuals and their friends, families, and communities. Prescription drug misuse and illicit drug use have substantial health, economic, and social consequences.

Risky **sexual activity** can result in sexually transmitted infections (STIs) and unplanned pregnancies, which can have lasting effects on health and wellbeing, especially for adolescents.

Clinical care, including access to affordable, quality, and timely health care, can prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. According to the RWJF County Health Rankings Model, *clinical care makes up 20% of our health factors*.

Access to care that is affordable and high-quality is important for physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own. It is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients.

Quality of care in inpatient and outpatient settings can help protect and improve health and reduce the likelihood of receiving unnecessary or inappropriate care. High quality health care should be timely, safe, effective, and affordable.

Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more. According to the RWJF County Health Rankings Model, *social and economic factors make up 40% of our health factors*.

Individuals with better **education** live longer, healthier lives than those with less education, and their children are also more likely to thrive.

Employment provides income and oftentimes benefits, including health insurance, that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual's level of educational attainment both play a role in shaping employment opportunities.

Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect individuals and families in times of economic distress. As income and wealth increase or decrease, so does health.

People with greater **family and social support**, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital.

Community safety is important in preventing injuries through accidents or violence, which are the 3rd leading cause of death in the U.S. Accidents and violence affect health and quality of life in the short and long-term, for those directly and indirectly affected, and living in an unsafe neighborhood can impact health in a multitude of ways.

The **physical environment** is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect people's ability to live long and healthy lives. According to the RWJF County Health Rankings Model, *the physical environment makes up 10% of our health factors*.

Air and water quality are critical for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions.

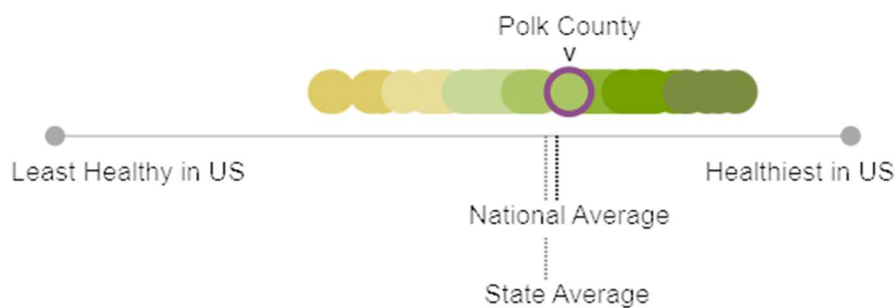
Housing and transit options that shape a communities' built environment affect where people live and how they get from place to place. The choices people make about housing and transportation, and the opportunities underlying these choices, also affect health.

Health Outcomes

The graphic below depicts the range of Health Outcomes among counties in Florida, each dot representing a county within the state, placed on a continuum from least healthy to healthiest in the nation. According to the 2024 County Health Rankings, Polk County fares about the same as the average county in Florida for Health Outcomes and about the same as the average county in the nation.



Polk County Health Outcomes - 2024



Polk County is faring about the same as the average county in Florida for Health Outcomes, and about the same as the average county in the nation.

Figure 66. Polk County Health Outcomes Snapshot (2024)

Measure	Indicator	Year(s)	Polk County	Florida	United States	Source	
Health Outcomes							
<i>Length of Life (50%)</i>							
Premature death	Years Potential Life Lost (YPLL) before age 75 per 100,000 population (age-adjusted)	2019-21	9,500	8,300	8,000	National Center for Health Statistics – Mortality files	
			By Race/Ethnicity, 2019-2021				
			Hispanic (all races)	Non-Hispanic Asian	Non-Hispanic Black	Non-Hispanic White	
			6,600	3,600	13,000	10,100	

Measure	Indicator	Year	Polk County	Florida	United States	Source		
<i>Quality of Life (50%)</i>								
Poor or fair health	% of adults	2020	18%	13%	14%	BRFSS		
Poor physical health days	Avg. number of physically unhealthy days in past 30 days (age-adjusted)	2020	3.8	3.0	3.3			
Poor mental health days	Avg. number of mentally unhealthy days in past 30 days (age-adjusted)	2020	4.9	4.2	4.8			
Low birthweight	% of live births	2016-22	9%	9%	8%	National Center for Health Statistics – Natality files		
			By Race/Ethnicity, 2016-2022					
			Hispanic (all races)	Non-Hispanic Asian	Non-Hispanic Black	Non-Hispanic White	Non-Hispanic 2+ races	
			8%	10%	14%	7%	8%	

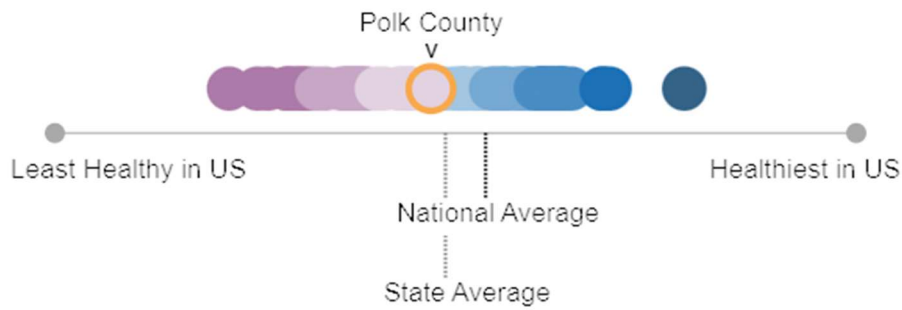
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org

Health Factors

The graphic below depicts the range of Health Factors among counties in Florida, each dot representing a county within the state, placed on a continuum from least healthy to healthiest in the nation. According to the 2024 County Health Rankings, Polk County fares slightly worse than the average county in Florida for Health Factors, and worse than the average county in the nation.



Polk County Health Factors - 2024



Polk County is faring slightly worse than the average county in Florida for Health Factors, and worse than the average county in the nation.

Figure 67. Polk County Health Factors Snapshot (2024)

Measure	Indicator	Year	Polk County	Florida	United States	Source
Health Factors						
<i>Health Behaviors (30%)</i>						
Adult smoking	% of adults	2020	20%	16%	15%	BRFSS
Adult obesity	% of adults	2020	36%	28%	34%	BRFSS
Food environment index	0 (worst) to 10 (best)	2019 & 2021	7.1	7.2	7.7	USDA Food Environment Atlas; Map the Meal Gap, Feeding America
Physical inactivity	% of adults	2020	28%	26%	23%	BRFSS
Access to exercise opportunities	% of population	2020, 2022 & 2023	71%	87%	84%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles
Excessive drinking	% of adults	2020	17%	17%	18%	BRFSS
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	2017-21	23%	22%	26%	Fatality Analysis Reporting System
Sexually transmitted infections	# of new chlamydia cases per 100,000 population	2021	494.6	479.3	495.5	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen births	# of births per 1,000 female population ages 15-19	2016-22	22	16	17	National Center for Health Statistics – Natality files
			By Race/Ethnicity, 2016-2022			
			Hispanic (all races)	Non-Hispanic Black	Non-Hispanic White	Non-Hispanic 2+ races
			23	29	19	20

Measure	Indicator	Year	Polk County	Florida	United States	Source
<i>Clinical Care (20%)</i>						
Uninsured	% of population under 65	2021	17%	15%	10%	Small Area Health Insurance Estimates
Primary care physicians	Ratio of population to primary care physicians	2021	2,170:1	1,370:1	1,330:1	Area Health Resource File/American Medical Association
Dentists	Ratio of population to dentists	2022	2,820:1	1,560:1	1,360:1	Area Health Resource File/National Provider Identifier Downloadable file
Mental health providers	Ratio of population to mental health providers	2023	830:1	490:1	320:1	CMS, National Provider Identification
Preventable hospital stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2021	3,997	3,035	2,681	Mapping Medicare Disparities Tool
			By Race/Ethnicity, 2021			
			Asian	Black	White	Hispanic
			1,034	6,173	3,826	4,167
Mammography screening	% female Medicare enrollees ages 65-74 who received annual mammography screening	2021	44%	44%	43%	Mapping Medicare Disparities Tool
			By Race/Ethnicity, 2021			
			Asian	Black	White	Hispanic
			36%	40%	45%	36%
Flu vaccinations	% of fee-for-service Medicare enrollees that had an annual flu vaccination	2021	43%	43%	46%	Mapping Medicare Disparities Tool
			By Race/Ethnicity, 2021			
			Asian	Black	White	Hispanic
			42%	29%	45%	28%

Measure	Indicator	Year	Polk County	Florida	United States	Source	
<i>Social & Economic Factors (40%)</i>							
High school completion	% of adults ages 25 and over with a high school diploma or equivalent	2018-22	87%	89%	89%	American Community Survey, 5-year estimates	
Some college	% of adults ages 25-44	2018-22	55%	65%	68%	American Community Survey, 5-year estimates	
Unemployment	% of population ages 16 and older unemployed but seeking work	2022	3.5%	2.9%	3.7%	Bureau of Labor Statistics	
Children in poverty	% of people under 18 in poverty	2018-22	24%	17%	16%	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	
			By Race/Ethnicity, 2018-2022				
			AI & AN	Asian	Black	White	Hispanic
			55%	15%	34%	14%	25%
Income inequality	Ratio of household income at the 80 th percentile to income at the 20 th percentile	2018-22	4.1	4.6	4.9	American Community Survey, 5-year estimates	
Children in single-parent households	% of children	2018-22	27%	28%	25%	American Community Survey, 5-year estimates	
Social associations	# of membership associations per 10,000 population	2021	7.4	7.1	9.1	County Business Patterns	
Injury deaths	# of deaths due to injury per 100,000 population	2017-21	86	91	80	National Center for Health Statistics – Mortality files	
			By Race/Ethnicity, 2017-2021				
			Non-Hispanic Asian	Non-Hispanic Black	Non-Hispanic White	Hispanic (all races)	
			26	79	107	50	

Measure	Indicator	Year	Polk County	Florida	United States	Source	
<i>Physical Environment (10%)</i>							
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter	2019	7.7	7.8	7.4	Environmental Public Health Tracking Network	
Drinking water violations	Yes or No	2022	Yes			Safe Drinking Water Information System	
Severe housing problems	% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	2016-20	16%	19%	17%	Comprehensive Housing Affordability Strategy (CHAS) data	
Driving alone to work	% of workforce	2018-22	79%	74%	72%	American Community Survey, 5-year estimates	
			By Race/Ethnicity, 2018-2022				
			AI & AN	Asian	Black	White	Hispanic
			75%	75%	80%	79%	77%
Long commute – driving alone	Among workers who commute in their car alone, the % that commute more than 30 minutes	2018-22	43%	43%	36%	American Community Survey, 5-year estimates	

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org

LEADING CAUSES OF DEATH & LIFE EXPECTANCY

Leading Causes of Death

The top 3 leading causes of death in Polk County are chronic diseases, which are largely caused by poor health habits and lifestyle choices, such as poor diet, lack of exercise, tobacco use, and excessive alcohol consumption. In general, people are living longer and are much less likely to die from infectious disease than in the past – this is thanks to vaccines, handwashing, and other advances in sanitation. This trend of more deaths caused by chronic disease rather than infectious disease is known as the *epidemiologic transition* and is the result of advances in public health, medicine, and technology. This trend has been seen across the United States and other developed countries around the world over the past century.

Source: McKeown, 2009

Figure 68. Leading Causes of Death in Polk County, 2023

Cause of Death	Number of Deaths	Percent of Total Deaths	Age-Adjusted Death Rate per 100,000
Cancer	1,715	20.30%	154.7
Heart Disease	1,624	19.22%	145.9
Stroke	566	6.70%	51.0
Unintentional Injury	565	6.69%	67.2
Chronic Lower Respiratory Disease	506	5.99%	43.6

Source: FDOH Bureau of Vital Statistics

The number one cause of death in Polk County in 2023 was cancer (20.30% of all deaths) followed closely by heart disease (19.22% of all deaths).

For the last 10 years, heart disease, cancer, and stroke have remained at various places in the top 5 leading causes of death in Polk. In 2020, COVID-19 became one of the top 5 causes of death, bumping unintentional injury out of the top 5. In 2021 and 2022, COVID-19 remained in the top 5 causes of death, bumping Chronic Lower Respiratory Disease (CLRD) from the top 5 leading causes of death during these years.

Cancer

From the 2024 Polk CHA survey, cancer was ranked 3rd for the top 3 health problems concerning Polk residents.

Figure 69. Polk CHA Survey Respondents: Top Health Problems in Polk County

Indicator	Survey Count	Survey Percent
<i>*What do you think are the top 3 health problems in your community? (Choose 3) (n=2052)</i>		
<i>Being overweight</i>	640	31.19%
<i>Diabetes/high blood sugar</i>	604	29.43%
<i>Cancers</i>	585	28.51%

Source: Polk Community Health Survey, 2024

Figure 70. Deaths from Cancer in Polk County, 2021-2023 (3-year rolling)

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	173.7
Female	131.6
Race	
White	153.6
Black	140.8
Ethnicity	
Hispanic	113.7
Non-Hispanic	157.8

Source: FDOH Bureau of Vital Statistics

In Polk County, males have higher rates of death from cancer than females. Additionally, death rates from cancer are higher among the white population than the Black population and are also higher among the non-Hispanic population than the Hispanic population.

Additional information on cancer may be found under the *Chronic Disease* section (see *Cancer*, beginning on page 146).

Heart Disease

Figure 71. Deaths from Heart Disease in Polk County, 2021-2023 (3-year rolling)

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	192.1
Female	118.7
Race	
White	152.3
Black	160.8
Ethnicity	
Hispanic	116.2
Non-Hispanic	161.5

Source: FDOH Bureau of Vital Statistics

Males have higher rates of death from heart disease than females in Polk County. Additionally, the Black population is more likely to die from heart disease than the white population in Polk. Non-Hispanics also have higher rates of death from heart disease than Hispanics in Polk County.

Additional information on heart disease may be found under the *Chronic Disease* section (see *Heart Disease*, beginning on page 126).

Stroke

Figure 72. Deaths from Stroke in Polk County, 2021-2023 (3-year rolling)

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	49.2
Female	56.3
Race	
White	51.2
Black	68.4
Ethnicity	
Hispanic	65.5
Non-Hispanic	53.0

Source: FDOH Bureau of Vital Statistics

The rate of death from stroke in Polk County is higher among females than males and higher among the Black population than the White population. Hispanics also have higher rates of death from Stroke than non-Hispanics in Polk.

Additional information on stroke may be found under the *Chronic Disease* section (see *Stroke*, beginning on page 129).

Unintentional Injury

Figure 73. Deaths from Unintentional Injury in Polk County, 2021-2023 (3-year rolling)

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	94.1
Female	41.5
Race	
White	69.4
Black	65.2
Ethnicity	
Hispanic	48.9
Non-Hispanic	74.7

Source: FDOH Bureau of Vital Statistics

Males are more than twice as likely as females to die from an unintentional injury in Polk County. The rate of death from unintentional injury in Polk is higher among the White population than the Black population, and also higher among the non-Hispanic population compared to the Hispanic population.

For additional information, see the *Injury Prevention and Safety* section, beginning on page 214.

Chronic Lower Respiratory Disease (CLRD)

Figure 74. Deaths from Chronic Lower Respiratory Disease (CLRD) in Polk County, 2021-2023 (3-year rolling)

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	44.5
Female	40.3
Race	
White	44.9
Black	26.9
Ethnicity	
Hispanic	20.7
Non-Hispanic	45.4

Source: FDOH Bureau of Vital Statistics

Males in Polk County are more likely to die from CLRD than females. Additionally, the White population has a higher rate of death from CLRD than the Black population in Polk County. Non-Hispanics are also more than twice as likely as Hispanics to die from CLRD in Polk County.

Additional information on CLRD may be found under the *Chronic Disease* section (see *CLRD*, beginning on page 140).

Life Expectancy

Figure 75. Life Expectancy, 2021-2023

Indicator	Polk	Florida
Life Expectancy	76.2 years	78.6 years

Life expectancy is lower in Polk County than across the State of Florida.

Source: FDOH Bureau of Vital Statistics; Florida Legislature, Office of Economic and Demographic Research

Figure 76. Life Expectancy by Sex, 2021-2023

Indicator	Polk Males	Polk Females	Florida Males	Florida Females
Life Expectancy	73.6 years	78.9 years	75.7 years	81.5 years

Females have a greater life expectancy than males, both in Polk County and statewide.

Source: FDOH Bureau of Vital Statistics; Florida Legislature, Office of Economic and Demographic Research

Figure 77. Life Expectancy by Race, 2021-2023

Indicator	Polk White	Polk Black	Florida White	Florida Black
Life Expectancy	76.5 years	74.5 years	79.0 years	75.9 years

The white population has a higher life expectancy than the Black population, both in Polk County and across the State of Florida.

Source: FDOH Bureau of Vital Statistics; Florida Legislature, Office of Economic and Demographic Research

Figure 78. Life Expectancy by Ethnicity, 2021-2023

Indicator	Polk Hispanic	Polk Non-Hispanic	Florida Hispanic	Florida Non-Hispanic
Life Expectancy	78.8 years	75.4 years	82.0 years	77.7 years

Hispanics have a greater life expectancy than non-Hispanics, both in Polk County and across the State of Florida.

Source: FDOH Bureau of Vital Statistics; Florida Legislature, Office of Economic and Demographic Research

INTRODUCTION TO HEALTH TOPICS

The following section contains an analysis of primary and secondary data indicators from the MAPP 2.0 Community Status Assessment (CSA) and Community Context Assessment (CCA) for each of the following health topics:

- Access to Health Services
- Behavioral Health
- Chronic Disease
- Child and Adolescent Health
- Aging Adult Health
- Exercise, Nutrition, and Weight
- Maternal and Infant Health
- Immunization and Infectious Disease
- Injury Prevention and Safety
- Oral Health
- Environmental Health

Access to Health Services

According to Healthy People 2030, access to comprehensive, quality healthcare services is crucial for improving health and quality of life. Factors influencing access to care include health insurance coverage, quality and accessibility of services, and timeliness and affordability of services.

Coverage & Accessibility

Health insurance coverage helps patients get into the health care system. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have a poor health status. Lack of adequate coverage makes it difficult for people to get the health care they need. When uninsured people do get care, they are often burdened with large medical bills. Inadequate health insurance coverage is one of the largest barriers to health care access.

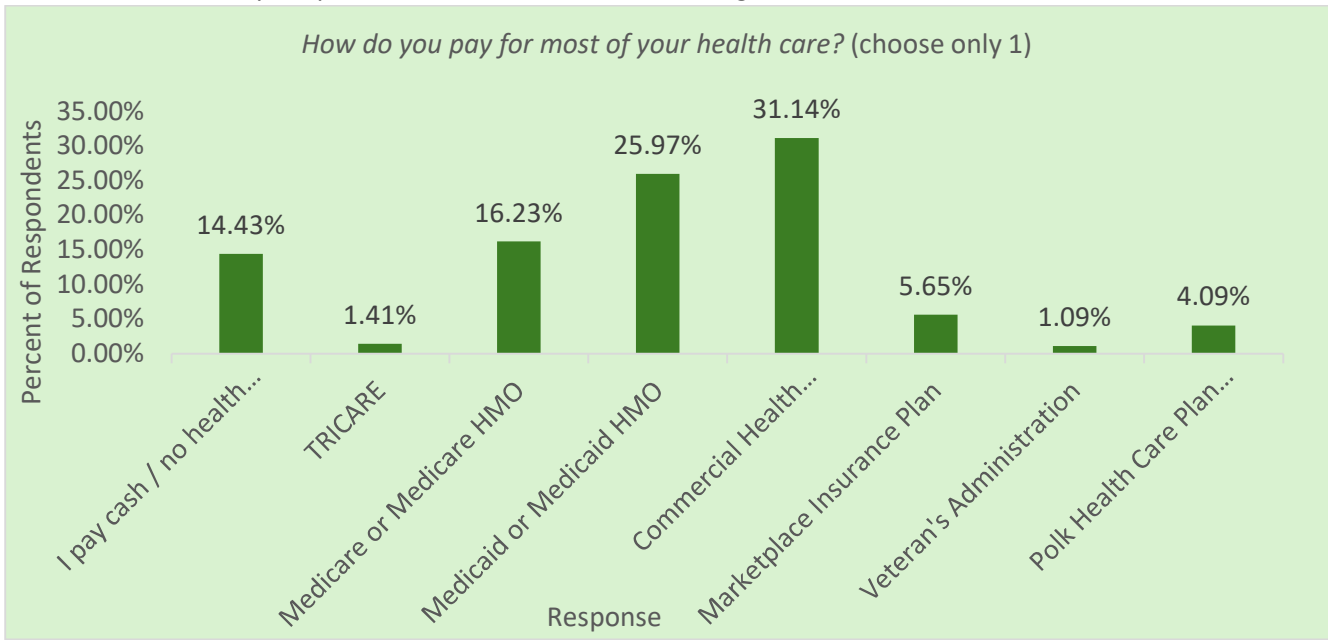
Source: Healthy People 2030

Polk County's Community Health Care offices administer multiple funds and programs with the largest being the voter-approved, half-cent indigent health care sales surtax which supports the local health care safety net ensuring access to quality health care services for qualifying low-income un/underinsured county residents.

The foundation of this safety net is the Polk HealthCare Plan, a local county government assistance health care program that offers health coverage through a large provider network of more than 800 contracted public, private, and non-profit licensed medical providers with close to 300 access points throughout the county. This health coverage is not insurance, there are no premiums, and no deductibles, just very low copays. In instances where low-income childless adults aren't able to qualify for Medicaid; or, individuals aren't able to afford the deductible, premiums, or copays through the federal health insurance marketplace, or access a specific provider type, the Polk HealthCare Plan is a great option. Comprehensive services include primary care, specialty care, behavioral healthcare, urgent care, emergency services and prescription services. For health care needs not covered through the Polk HealthCare Plan such as dental services, access is available through partnerships with the Florida Department of Health, Federally Qualified Health Centers, and some free clinics throughout the County. Additional benefits are also available including access to the gym, transportation for health-related needs, and nutrition education.

Source: Polk County Community Health Care, 2025

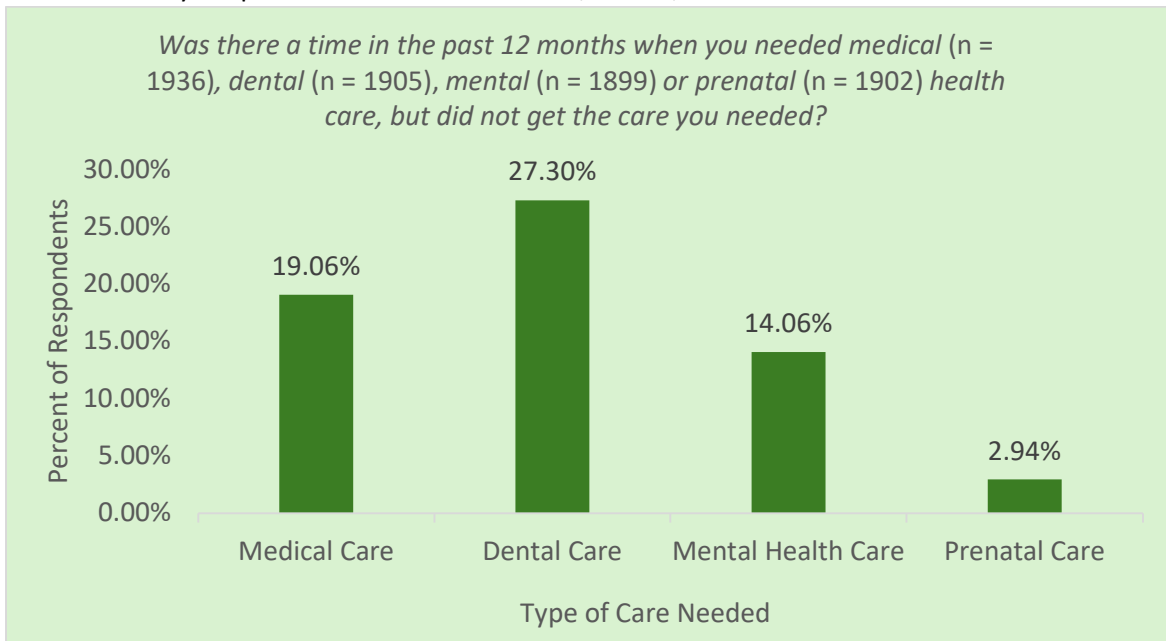
Figure 79. Polk CHA Survey Respondents: Health Insurance Coverage



Approximately 31% of survey respondents indicated that they have commercial health insurance (HMO, PPO) while just over 42% of respondents have Medicare or Medicaid. Over 14% of survey respondents report being uninsured.

Source: Polk County Community Health Survey, 2024

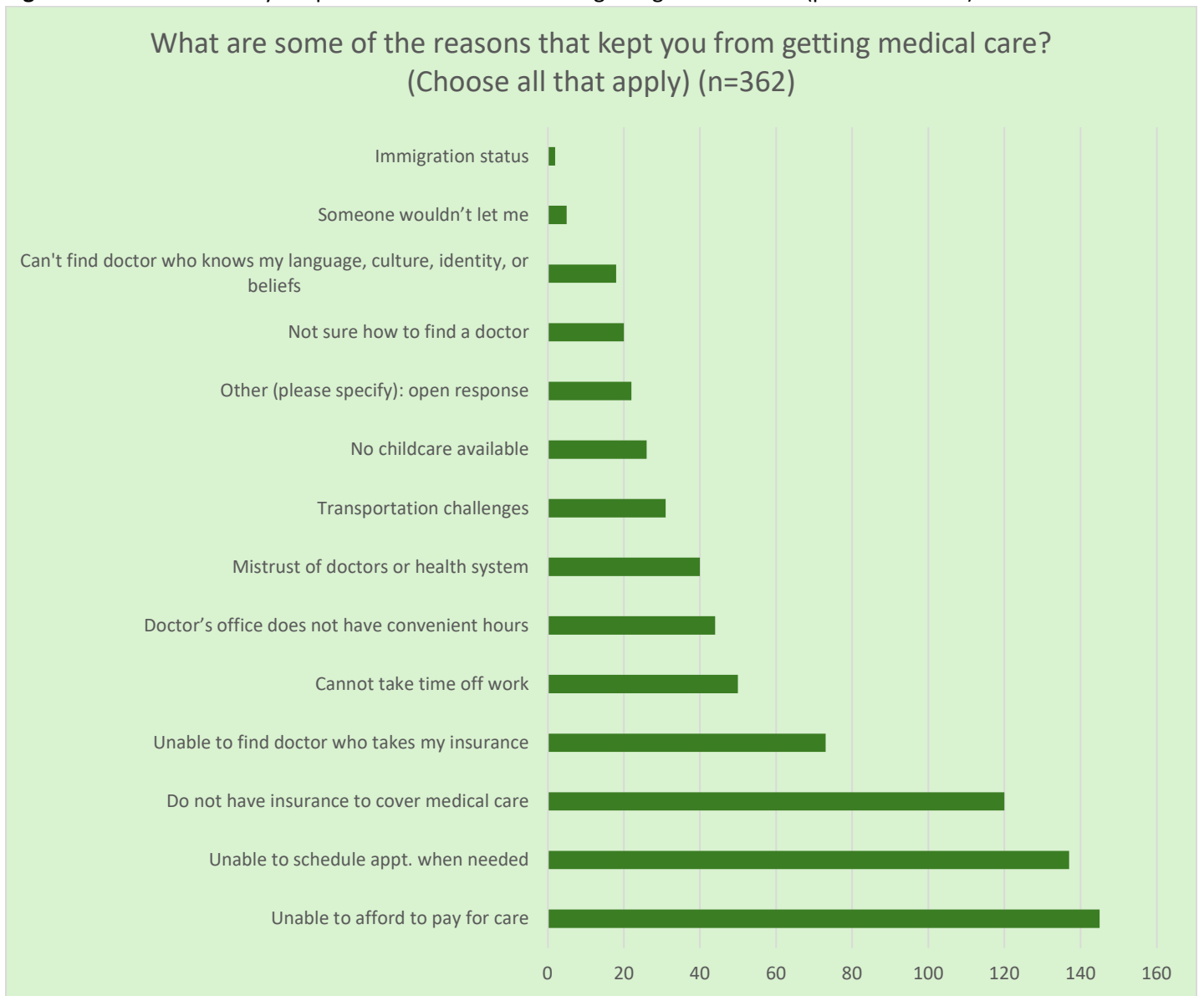
Figure 80. Polk CHA Survey Respondents: Access to Medical, Dental, and Mental Health Care



About 19% of survey respondents reported there was a time in the past 12 months when they needed medical care but did not get the care they needed. Over 27% of respondents reported there was a time in the past 12 months when they needed dental care but did not get the care they needed. Just over 14% of respondents reported there was a time in the past 12 months when they needed mental health care but did not get the care they needed. Less than 3% of respondents reported there was a time in the past 12 months when they needed prenatal care but did not receive it.

Source: Polk County Community Health Survey, 2024

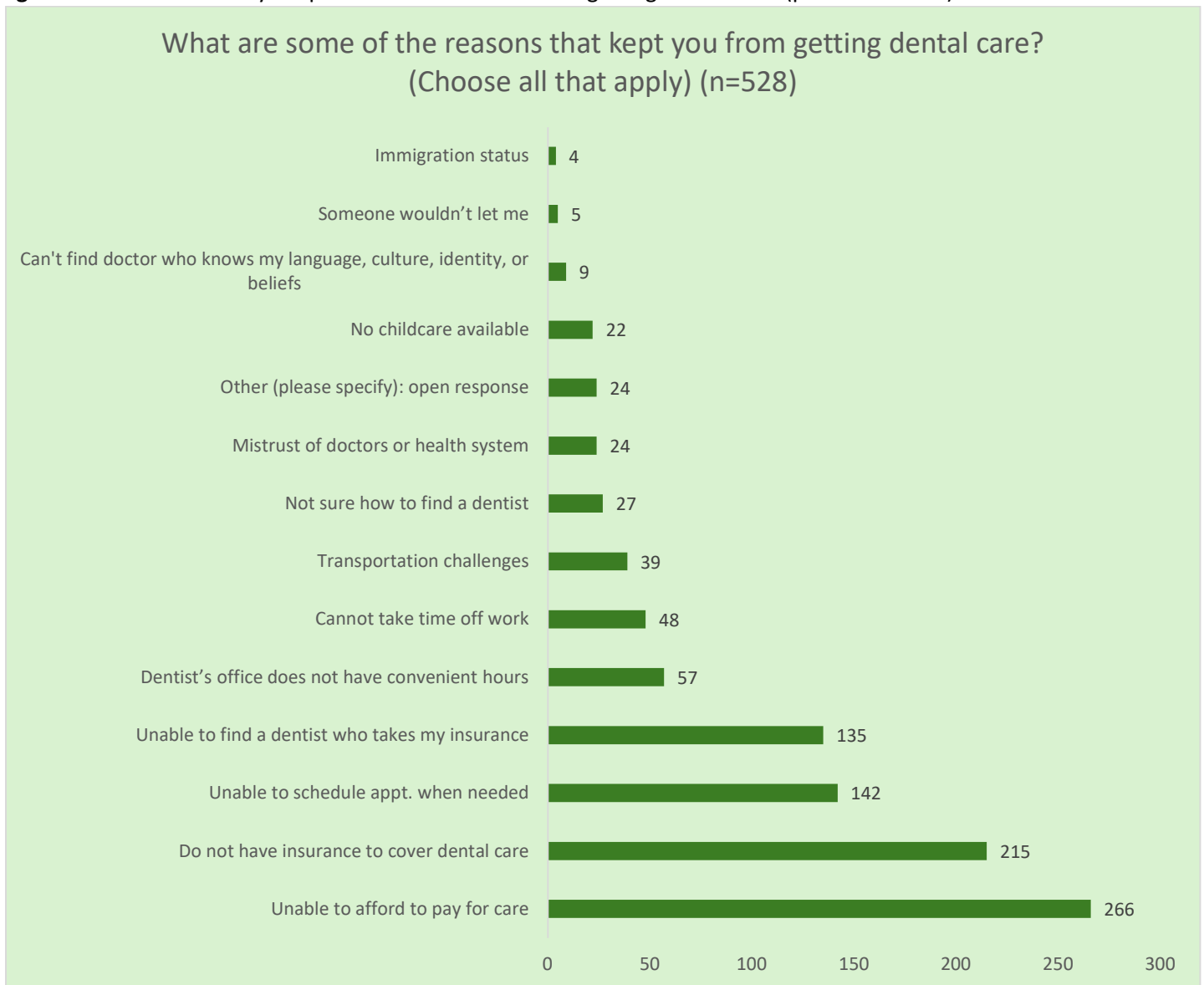
Figure 81. Polk CHA Survey Respondents: Reasons for NOT getting Medical Care (past 12 months)



For the survey respondents who reported there was a time in the last 12 months when they needed medical care but did not get the care they needed, this graph shows the reasons why. The top 3 reasons respondents selected for not getting needed medical care are: they are unable to afford to pay for care, they are unable to schedule an appointment when needed, and they do not have insurance to cover medical care. *Other* responses included: concerns for personal safety, provider/specialist not available in Polk/having to travel too far, insurance wouldn't cover care, physicians missing diagnoses or ignoring symptoms, not thinking symptoms were severe enough to need care, being dropped by insurance, having appointments cancelled by the provider, insurance deductibles being too high, and not having anyone to care for pets.

Source: Polk County Community Health Survey, 2024

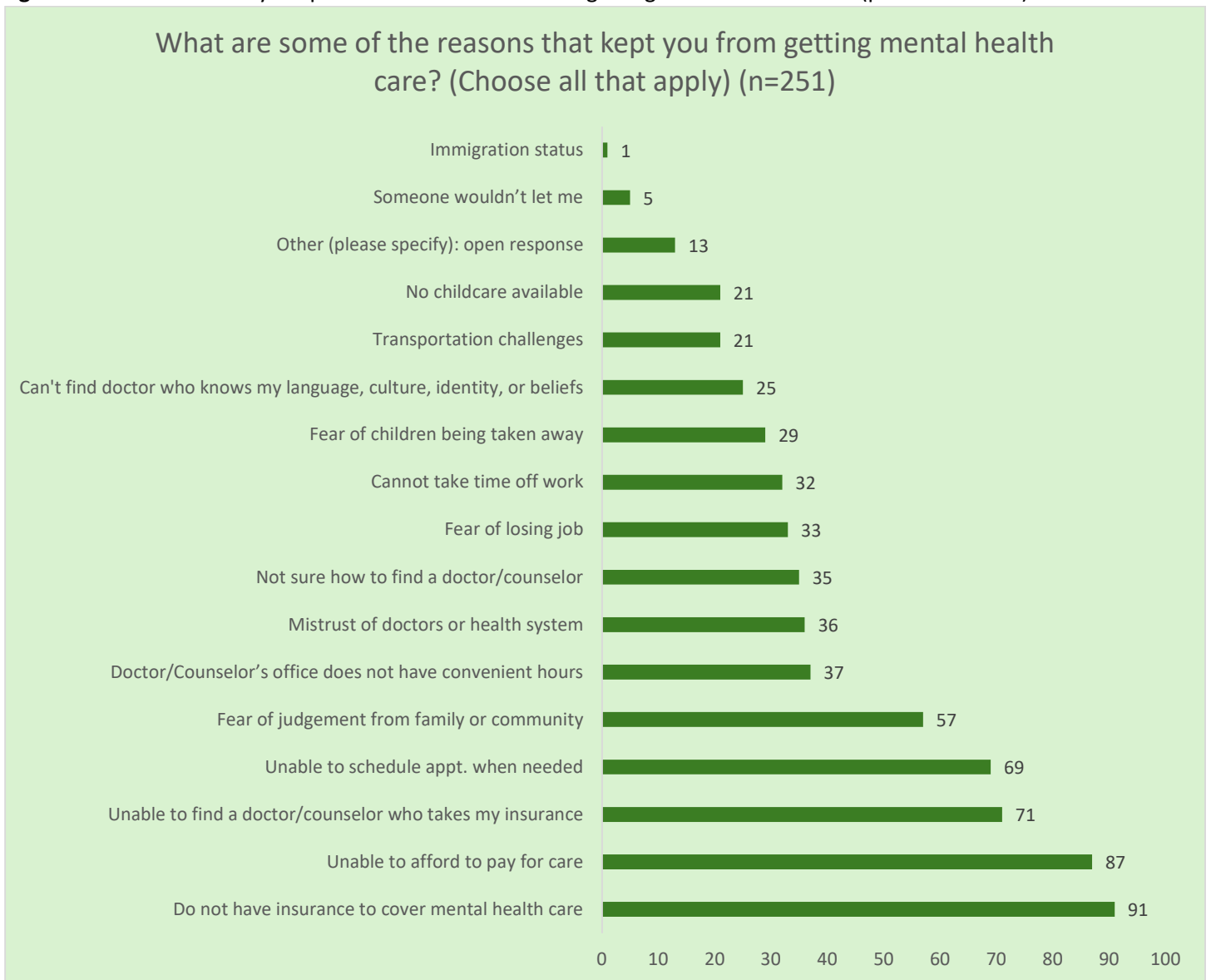
Figure 82. Polk CHA Survey Respondents: Reasons for NOT getting Dental Care (past 12 months)



For the survey respondents who reported there was a time in the last 12 months when they needed dental care but did not get the care they needed, this graph shows the reasons why. The top 4 reasons respondents selected for not getting needed dental care are: they are unable to afford to pay for care, they do not have insurance to cover dental care, they are unable to schedule an appointment when needed, and they are unable to find a dentist who takes their insurance. *Other* responses included: personal illness, not having a cell phone, pregnancy, and insufficient insurance coverage for the needed services.

Source: Polk County Community Health Survey, 2024

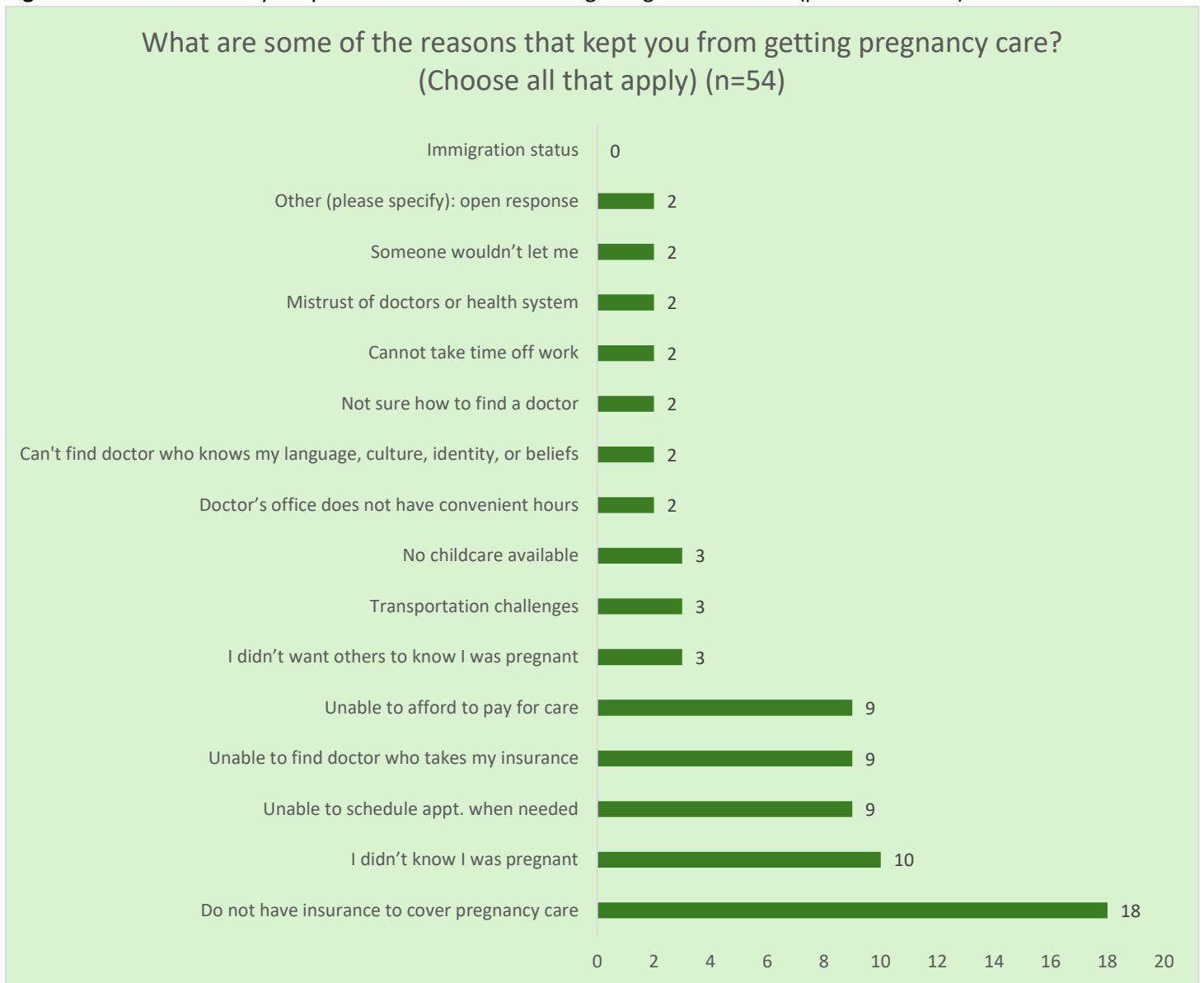
Figure 83. Polk CHA Survey Respondents: Reasons for NOT getting Mental Health Care (past 12 months)



For the survey respondents who reported there was a time in the last 12 months when they needed mental health care but did not get the care they needed, this graph shows the reasons why. The top 5 reasons respondents selected for not getting needed mental health care are: they do not have insurance to cover mental health care, they are unable to afford to pay for care, they are unable to find a doctor/counselor who takes their insurance, they are unable to schedule an appointment when needed, and fear of judgement from family or community. *Other* responses included: no cell phone, feeling uncomfortable seeking care, not having enough counselors to choose from, most counselors being faith-based which would not meet personal needs, too much stress from a family member's mental health issues to worry about personal mental health issues, not having the time to research a provider and make an appointment, and deciding to rely on faith in God instead.

Source: Polk County Community Health Survey, 2024

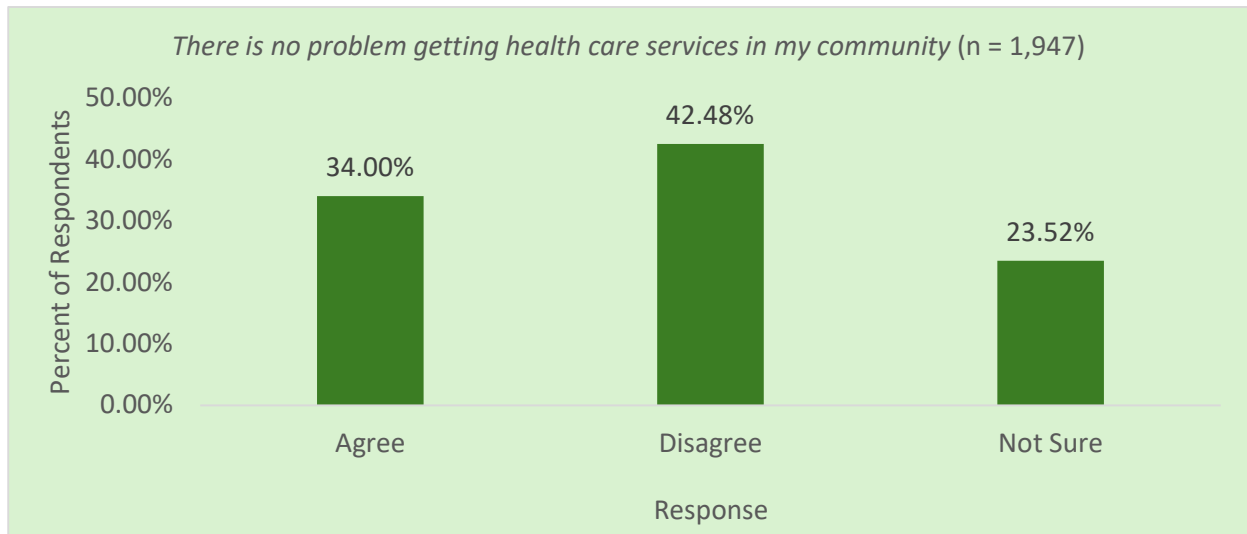
Figure 84. Polk CHA Survey Respondents: Reasons for NOT getting Prenatal Care (past 12 months)



For the survey respondents who reported there was a time in the last 12 months when they needed pregnancy care but did not get the care they needed, this graph shows the reasons why. The top 5 reasons respondents selected for not getting needed pregnancy care are: they do not have insurance to cover pregnancy care, they didn't know they were pregnant, they are unable to schedule an appointment when needed, they are unable to find a doctor who takes their insurance, and they are unable to afford to pay for care. *Other* responses included the provider not offering the type of care needed.

Source: Polk County Community Health Survey, 2024

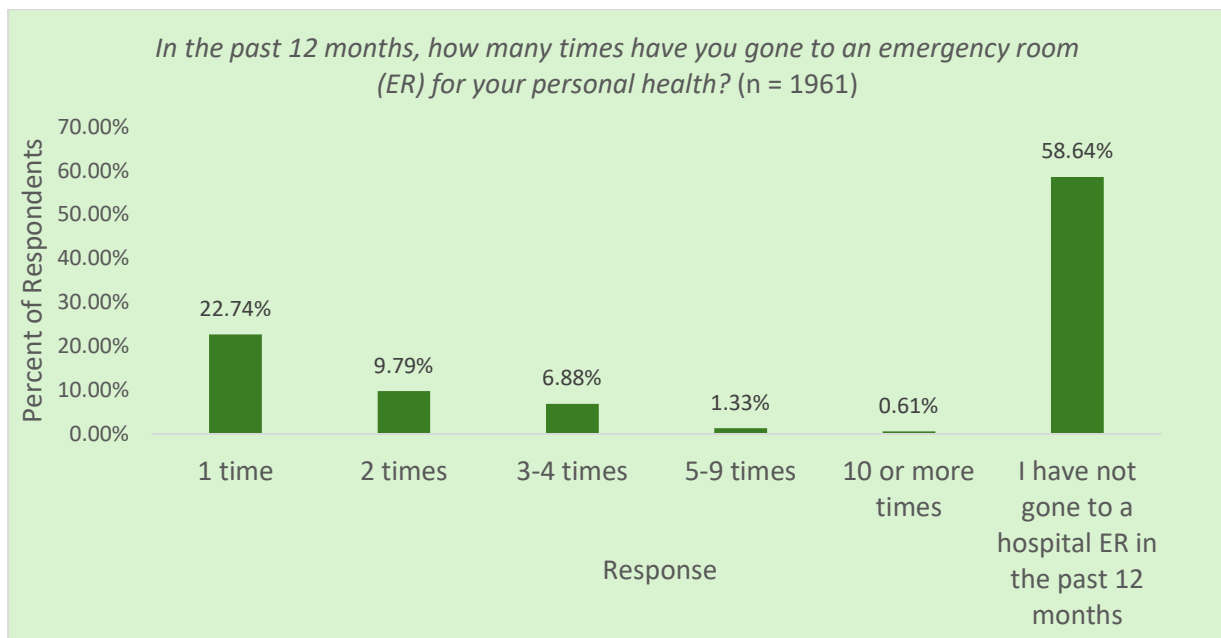
Figure 85. Polk CHA Survey Respondents: Access to Health Care Services



In the 2024 Polk CHA Survey, respondents were asked if they agreed or disagreed with the following statement: “There is no problem getting health care services in my community.” Of those who answered this question, only 34% agree with the statement while over 42% disagree with the statement.

Source: Polk County Community Health Survey, 2024

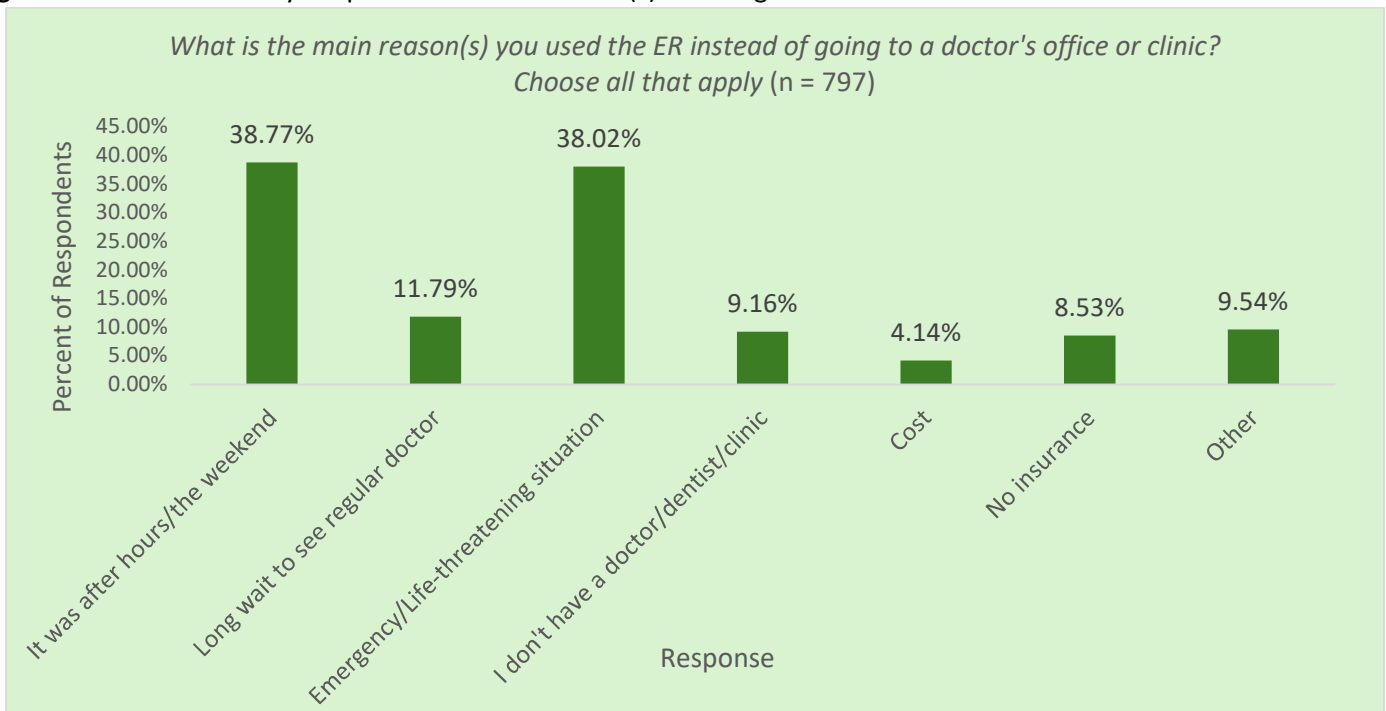
Figure 86. Polk CHA Survey Respondents: Emergency Room (ER) Visits for Personal Health



The majority of survey respondents (over 58%) reported they had not gone to a hospital emergency room in the last 12 months for their personal health.

Source: Polk County Community Health Survey, 2024

Figure 87. Polk CHA Survey Respondents: Main Reason(s) for using the ER



Of the survey respondents who did report visiting a hospital emergency room in the last 12 months, the most common reasons why were it being after hours or the weekend, and it being an emergency situation. Some reported using the ER because they had a long wait time to see their regular doctor, or they don't have a regular doctor or insurance coverage. *Other* responses included: being in a car accident, going into labor or needing pregnancy care, having a toothache, workers' compensation requirements, needing stitches, not having access to a 24-hour urgent care, the ER being the closest location to go for care, not being able to find another doctor to provide care, and receiving better care at the ER than from their regular doctor.

Source: Polk County Community Health Survey, 2024

Figure 88. Health Status and Access to Care

Indicator	Measure	Year	Polk Percent	State Percent
Adults 18-64 with any type of health insurance coverage	Percent	2022	84.7%	88.2%
Adults 18+ who had a medical checkup in the past year	Percent	2022	76.5%	77.3%
Adults 18+ who had a dental visit in the past year	Percent	2022	52.5%	61.2%
Adults 18+ who said their overall health was "fair" or "poor"	Percent	2022	22.3%	17.4%
Adults 18+ who report 14 or more physically unhealthy days during the past 30 days	Percent	2022	15.4%	13.0%
Adults 18+ who report 14 or more mentally unhealthy days during the past 30 days	Percent	2022	18.3%	15.0%

Source: CDC PLACES

Figure 89. Health Insurance Coverage

Indicator	Measure	Year	Polk County
Polk County residents with:			
Health insurance coverage	Percent	2023	88.0%
Private health insurance	Percent	2023	61.9%
Public coverage	Percent	2023	39.4%
No health insurance coverage	Percent	2023	12.0%

According to the U.S. Census Bureau American Community Survey, 88% of Polk County residents have health insurance, while 12% of residents are uninsured.

Source: US Census Bureau ACS (1-year Estimates)

Statewide, approximately 75.28% of physicians providing direct patient care state they accept Medicare in their practice. The percentage of Florida physicians providing direct patient care who accept patients with Medicaid is 64.13% (36,406). The percentage of these physicians who report accepting new patients with Medicaid is 94.71%. Out of the 36,406 physicians who reported serving Medicaid patients, just over half (53.24%) indicated that these Medicaid patients make up less than 25% of their overall patient panel. This means that for more than half of the physicians who see Medicaid patients, the proportion of Medicaid beneficiaries in their practices is relatively small, comprising less than a quarter of their total patient population.

Source: FDOH Physician Workforce Annual Report (2023)

Health Care Workforce & Resource Availability

Polk County is designated as a Health Care Professional Shortage Area for primary care, mental health, and dental health by the Health Resources and Services Administration (HRSA). Provider rates and ratios for primary care providers, dental health providers, and mental health providers in Polk County are much worse than the state.

Figure 90. Health Resource Availability – Dentists & Physicians

Indicator	Fiscal Year	Quartile	Polk Number	Polk Rate Per 100,000	State Rate Per 100,000
Total Licensed Dentists	2022-23	3	214	27.0	61.5
Total Licensed Dental Hygienists	2022-23	4	285	36.0	66.0
Total Licensed Physicians	2022-23	3	915	115.6	261.2
Total Licensed Family Practice Physicians	2022-23	3	50	6.3	13.3
Total Licensed Internists	2022-23	2	215	27.2	46.2
Total Licensed OB/GYN	2022-23	3	29	3.7	8.6
Total Licensed Pediatricians	2022-23	2	53	6.7	16.5
Physician Assistants (PA)	2022-23	3	163	21.1	47.1
Pharmacists	2022-23	3	522	67.6	116.3
Certified Nursing Assistants (CNA)	2022-23	3	4,384	567.4	629.9
Registered Nurses (RN)	2022-23	3	9,225	1,193.9	1,408.5
Advanced Practice Registered Nurses (APRN)	2022-23	3	941	121.8	177.1
Licensed Practical Nurses (LPN)	2022-23	3	2,545	329.4	266.8

Polk County has lower rates of dental and medical providers per 100,000 population than across the State of Florida.

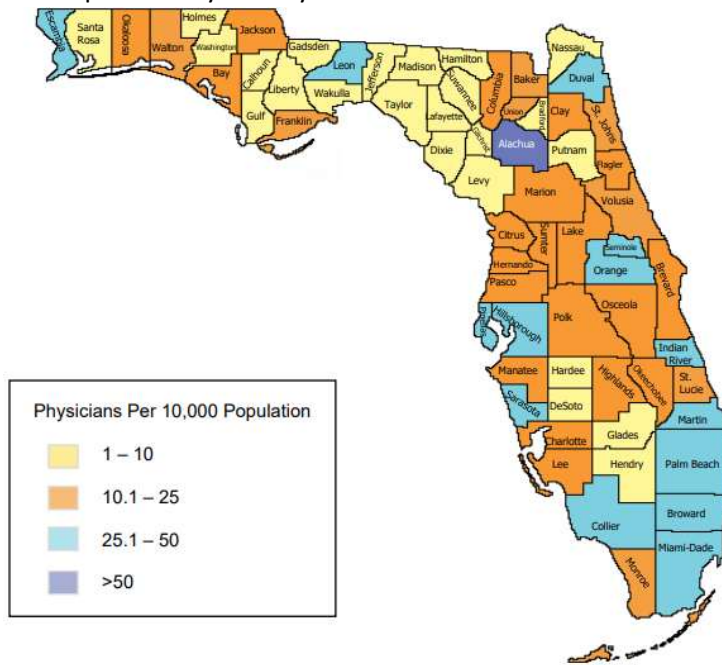
Source: FDOH Division of Medical Quality Assurance

Figure 91. Number of Medical Specialty Providers

Specialty	Polk (2023)	Polk (2022)	Polk (2021)	Polk (2020)	Polk (2019)	Polk (2018)	Polk (2017)	Polk (2016)
Anesthesiology	62	63	58	64	68	18	41	45
Dermatology	22	20	19	19	20	22	21	20
Emergency Medicine	83	81	80	82	83	81	74	76
Family Medicine	194	201	187	189	165	159	120	116
Internal Medicine	330	338	334	308	294	190	174	163
Medical Genetics	0	0	0	1	1			
Neurology	27	31	27	22	19			
Nuclear Medicine	1	0	0	1	1			
Obstetrics and Gynecology	50	51	45	46	47	50	43	39
Ophthalmology	34	39	40	33	34			
Orthopedic Medicine	19	18	18	23	27			
Otolaryngology	15	11	10	13	12			
Pathology	14	17	13	13	15			
Pediatrics	69	69	66	66	70	71	81	73
Physical Medicine and Rehabilitation	8	7	8	6	7			
Preventive Medicine	6	7	3	3	4			
Proctology	0	0	0	0	0			
Psychiatry	44	47	43	45	44	44	30	34
Radiology	73	74	58	54	62	56	47	53
Surgery	77	80	77	67	60	63	80	73
Urology	11	12	11	11	14			
No Specialty Listed	13							
TOTAL	1152	1,166	1,097	1,066	1,047	1,030	1,001	975

Source: FDOH Physician Workforce Annual Report (2023)

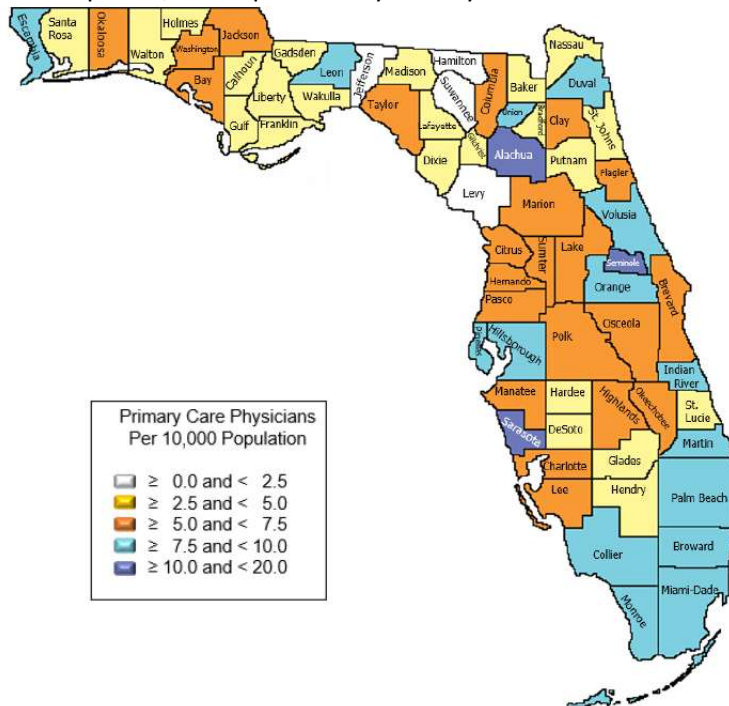
Figure 92. Physicians per 10,000 Population by County



Polk County is in the 3rd quartile (worse-performing half) of all counties in the State for the number of physicians per 10,000 population.

Source: FDOH Physician Workforce Annual Report (2023)

Figure 93. Primary Care Physicians per 10,000 Population by County



Polk County is in the 3rd quintile (middle 20%) of all counties in the State for the number of primary care physicians per 10,000 population.

Source: FDOH Physician Workforce Annual Report (2023)

Figure 94. Health Resource Availability – Mental/Behavioral Health Care Providers

Indicator	Fiscal Year	Quartile	Polk Number	Polk Rate Per 100,000	State Rate Per 100,000
Licensed Behavioral/Mental Health Professionals	2022-2023	3	617	77.9	121.8
Licensed Clinical Social Workers	2022-2023	3	238	30.1	56.4
Licensed Marriage and Family Therapists	2022-2023	3	30	3.8	11.3
Licensed Mental Health Counselors	2022-2023	3	379	47.9	65.4
Licensed Psychologists	2022-2023	3	58	7.3	23.9

Polk County has lower rates of mental and behavioral health care providers per 100,000 population than across the State of Florida.

Source: FDOH Division of Medical Quality Assurance

Figure 95. Health Resource Availability – EMTs/Paramedics

Indicator	Fiscal Year	Quartile	Polk Number	Polk Rate Per 100,000	State Rate Per 100,000
Paramedics	2022-2023	4	679	85.8	145.4
Emergency Medical Technicians	2022-2023	4	1,142	144.2	166.0

Polk County has lower rates of EMTs and paramedics per 100,000 population than across the State of Florida.

Source: FDOH Division of Medical Quality Assurance

Figure 96. Health Resource Availability – Hospital Beds

Indicator	Year	Quartile	Polk Number	Polk Rate Per 100,000	State Rate Per 100,000
Adult Psychiatric Beds	2023	3	102	12.9	29.9
Adult Substance Abuse Beds	2023	4	12	1.5	1.5
Child and Adolescent Psychiatric Beds	2023	3	12	1.5	3.1
Neonatal Intensive Care Unit (NICU) Level II Beds	2022	3	11	1.6	1.7
Neonatal Intensive Care Unit (NICU) Level III Beds	2022	3	30	4.4	4.8
Rehabilitation Beds	2023	3	82	10.4	17.4
Total Acute Care Beds	2023	3	1,593	201.2	245.2
Total Hospital Beds	2023	3	1,842	232.7	316.3
Total Specialty Beds	2023	3	249	31.5	71.1
Total Nursing Home Beds	2022	3	3,192	413.1	370.9

Polk County has lower rates of adult, child, and adolescent psychiatric beds than the State of Florida. Polk County also has lower rates of NICU beds, rehabilitation beds, acute care beds, specialty beds, and total hospital beds than the state. Polk County has a higher rate of nursing home beds than the state.

Source: FDOH Division of Medical Quality Assurance

Other Barriers to Access

Access to quality health care involves more than having adequate service providers and health insurance coverage. There are barriers that prevent people from using the services available and these must be considered when addressing access to health care. Among these barriers are health literacy, language barriers, transportation issues, patient mistrust of the health care system, and refusal of services. Additional barriers include high costs of premiums, deductibles, and out-of-pocket expenses. In Polk County, Key Informants also identified the following barriers to be common:

- Inaccessible hours - individuals who are paid hourly are often unable to take time off work to utilize services during business hours
- Lack of adequate transportation
- Lack of childcare
- Language and cultural barriers, including fear and distrust of service providers
- Low personal health literacy

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Health literacy can improve health outcomes and quality of care, while decreasing unnecessary emergency room visits and preventable hospital stays.

Sources: HRSA, 2024; Healthy People 2030

Barriers to communication may result from speaking different languages. The majority of residents in Polk County use English as their primary language. However, it is estimated that 26.4% of residents in Polk County speak a language other than English at home, and 10% speak English less than “very well.”

Source: US Census Bureau ACS, 2023

Through Key Informant Focus Groups, transportation has also been identified as a major barrier to accessing healthy foods, jobs, and healthcare services in Polk County. Transportation can particularly be an issue for aging adults, individuals with low socioeconomic status who may not have access to a car of their own, and those living in rural areas where alternate modes of transport are limited. The geographic size of Polk County makes travel to needed services more challenging since services and residents are spread over a large area. The majority of respondents to the 2024 Polk CHA Survey report they drive their own car. Only half of respondents agree that public transportation is available if needed.

Source: Polk County Community Health Survey, 2024

Figure 97. Polk CHA Survey Respondents: Modes of Transportation

Indicator	Survey Count	Survey Percent
<i>What transportation do you use most often to go places? (n=2052)</i>		
<i>I drive a car</i>	1691	82.41%
<i>Someone drives me</i>	227	11.06%
<i>I walk</i>	40	1.95%
<i>I take the bus</i>	37	1.80%
<i>I take an Uber/Lyft</i>	29	1.41%
<i>I ride a bike</i>	21	1.02%
<i>I take a taxi/cab</i>	4	0.19%
<i>I ride a motorcycle or scooter</i>	3	0.15%

Figure 98. Polk CHA Survey Respondents: Public Transportation

Indicator	Survey Count	Survey Percent
<i>Public transportation is available if needed. (n=1919)</i>		
<i>Agree</i>	970	50.55%
<i>Disagree</i>	553	28.82%
<i>Not Sure</i>	396	20.64%

Source: Polk County Community Health Survey, 2024

Behavioral Health

Behavioral Health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health conditions often affect physical health.

About Mental Health

What is mental health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Why is mental health important for overall health?

Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness.

Can mental health change over time?

It's important to remember that a person's mental health can change over time, depending on many factors. When the demands placed on a person exceed their resources and coping abilities, their mental health could be impacted. For example, if someone is working long hours, caring for a relative, or experiencing economic hardship, they may experience poor mental health.

How common are mental illnesses?

Mental illnesses are among the most common health conditions in the United States:

- More than 1 in 5 US adults live with a mental illness.
- Over 1 in 5 youth (ages 13-18) either currently or at some point during their life, have had a seriously debilitating mental illness.
- About 1 in 25 U.S. adults lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

What causes mental illness?

There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as:

- Adverse Childhood Experiences, such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)
- Experiences related to other ongoing (chronic) medical conditions, such as a traumatic brain injury, cancer, or diabetes
- Biological factors or chemical imbalances in the brain
- Use of alcohol or drugs
- Having feelings of loneliness or isolation

Types of Mental Illness

People can experience different types of mental illnesses or disorders, and they can often occur at the same time. Mental illnesses can occur over a short period of time or be episodic, meaning the mental illness comes and goes with discrete beginnings and ends. Mental illness can also be ongoing or long-lasting.

There are more than 200 types of mental illness. Some of the more common types of mental illnesses and disorders that have data available are presented within this report.

Source: AMA, 2022; AHRQ, 2024; CDC, 2024

Overall Mental Health

Figure 99. Age-adjusted Mental Health Emergency Department (ED) Visits and Hospitalizations

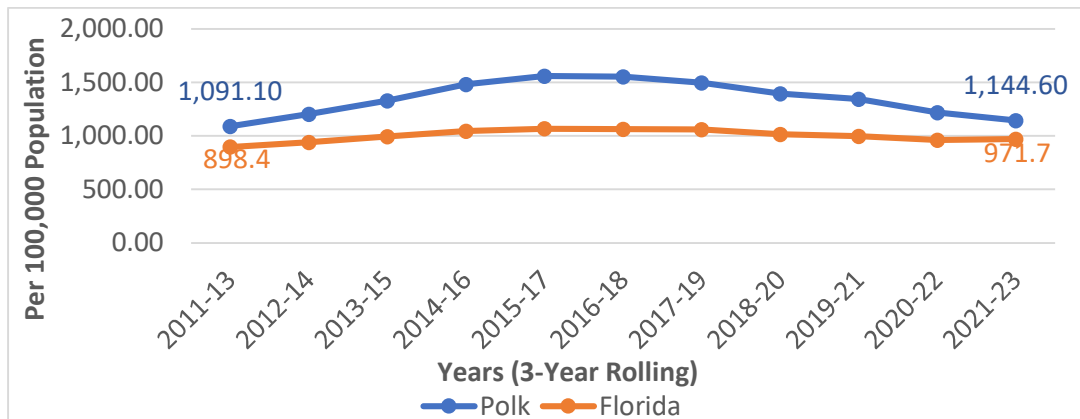
Indicator	Measure	Year(s)	County Quartile	Polk County	Florida
ED Visits (Age-adjusted)					
ED visits from mental disorders	Per 100,000	2021-23	4	1,144.6	971.7
ED visits from mental disorders <i>except</i> drug and alcohol-induced mental disorders	Per 100,000	2021-23	4	773.2	558.6
ED visits from non-fatal self-harm injuries	Per 100,000	2021-23	-	221.56	157.62
Hospitalizations (Age-adjusted)					
Hospitalizations from mental disorders	Per 100,000	2021-23	3	949.2	963.2
Hospitalizations from mental disorders, except drug and alcohol-induced mental disorders	Per 100,000	2021-23	3	719.7	757.0
Hospitalizations from mood and depressive disorders	Per 100,000	2021-23	3	447.3	457.1
Hospitalizations from schizophrenic disorders	Per 100,000	2021-23	3	206.4	240.1
Hospitalizations from non-fatal self-harm injuries	Per 100,000	2021-23	-	125.16	102.82

Compared to the State of Florida, Polk County has higher rates of Emergency Department visits from mental disorders (Polk = 1,144.6 per 100,000 vs. FL = 971.7 per 100,000), mental disorders *except* drug and alcohol-induced mental disorders (Polk = 773.2 per 100,000 vs. FL = 558.6 per 100,000) and non-fatal self-harm injuries (Polk = 221.56 per 100,000 vs. FL = 157.62 per 100,000). Conversely, Polk County has lower rates of hospitalizations from mental disorders (Polk = 949.2 per 100,000 vs. FL = 963.2 per 100,000) and mental disorders *except* drug and alcohol-induced mental disorders (Polk = 719.7 per 100,000 vs. FL = 757.0 per 100,000), as well as lower rates of hospitalizations from mood and depressive disorders (Polk = 447.3 per 100,000 vs. FL = 457.1 per 100,000) and schizophrenic disorders (Polk = 206.4 per 100,000 vs. FL = 240.1 per 100,000), compared to the State. However, Polk County has a higher rate of hospitalizations from non-fatal self-harm injuries (125.16 per 100,000) than the State (102.82 per 100,000).

Source: Florida AHCA

Emergency Department (ED) Visits from Mental Disorders

Figure 100. Age-Adjusted ED Visits from Mental Disorders Over Time



In general, age-adjusted Emergency Department (ED) visits from mental disorders have increased over time across both Polk and Florida. The current rate in Polk (1,144.60 per 100,000) remains higher than the statewide rate (971.7 per 100,000).

Figure 101. Age-Adjusted ED Visits from Mental Disorders by Race

Age-Adjusted ED visits from Mental Disorders by Race 3-year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	1,023.9	1,340.1	874.5	1,104.9

The Black population has a higher rate of ED visits from mental disorders in both Polk County (1,340.1 per 100,000) and across the State of Florida (1,104.9 per 100,000), compared to the White population in Polk (1,023.9 per 100,000) and Florida (874.5 per 100,000).

Figure 102. Age-Adjusted ED Visits from Mental Disorders by Ethnicity

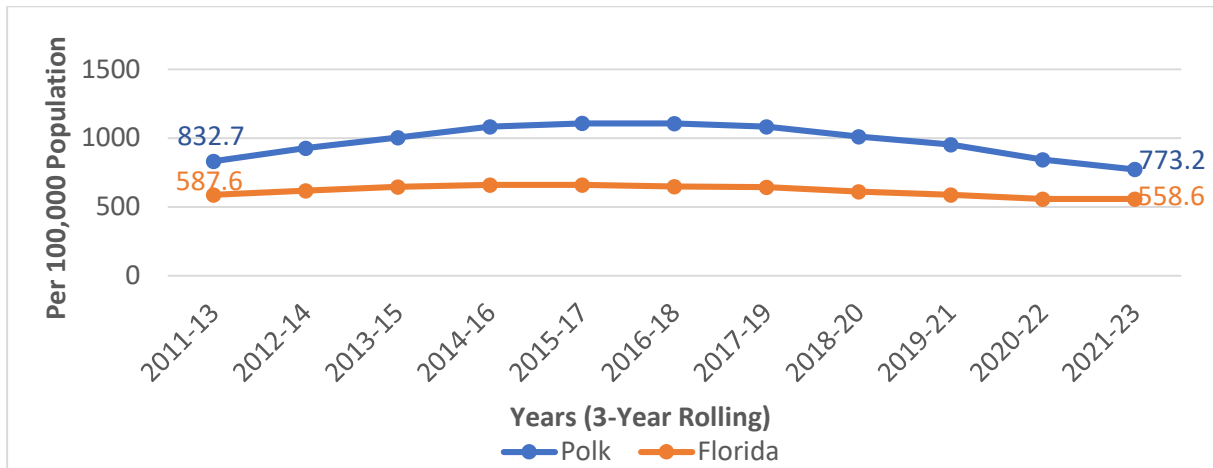
Age-Adjusted ED Visits from Mental Disorders by Ethnicity 3-year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	903.8	1,229.6	647.8	1,073.8

The Hispanic population has a lower rate of ED visits from mental disorders in both Polk County (903.8 per 100,000) and across the State of Florida (647.8 per 100,000), compared to the non-Hispanic population in Polk (1,229.6 per 100,000) and Florida (1,073.8 per 100,000).

Source: Florida AHCA

ED Visits from Mental Disorders Except Drug and Alcohol-induced Mental Disorders

Figure 103. Age-adjusted ED Visits from Mental Disorders Except Drug and Alcohol-induced Mental Disorders Over Time



Age-adjusted ED visits from mental disorders that are NOT induced by drugs or alcohol have declined over time across both Polk and Florida, however, the current rate in Polk (773.2 per 100,000) remains higher than the statewide rate (558.6 per 100,000).

Figure 104. Age-Adjusted ED Visits for Mental Disorders Except Drug and Alcohol-Induced Mental Disorders by Race

Age-Adjusted ED visits for Mental Disorders, EXCEPT Drug and Alcohol-Induced Mental Disorders by Race 3-year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	678.8	955.1	480.2	723.4

Age-adjusted ED visits from mental disorders that are NOT induced by drugs or alcohol are higher among the Black population in Polk (955.1 per 100,000) and Florida (723.4 per 100,000), compared to the White population in Polk (678.8 per 100,000) and Florida (480.2 per 100,000).

Figure 105. Age-Adjusted ED Visits for Mental Disorders Except Drug and Alcohol-Induced Mental Disorders by Ethnicity

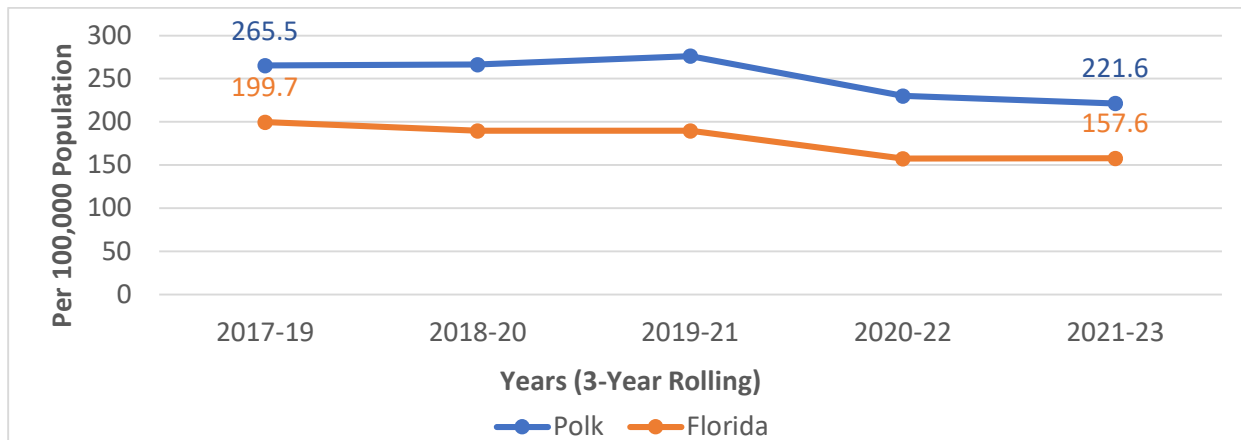
Age-Adjusted ED visits for Mental Disorders, EXCEPT Drug and Alcohol-Induced Mental Disorders by Ethnicity 3-year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	664.9	815.1	413.9	605.0

Age-adjusted ED visits from mental disorders that are NOT induced by drugs or alcohol are lower among the Hispanic population in Polk (664.9 per 100,000) and Florida (413.9 per 100,000), compared to their non-Hispanic population counterparts (Polk = 815.1 per 100,000; FL = 605.0 per 100,000). However, the rate among Hispanics in Polk (664.9 per 100,000) is higher than the rate among non-Hispanics across the state (605.0 per 100,000).

Source: Florida AHCA

ED Visits from Non-fatal Self-Harm Injuries

Figure 106. Age-adjusted ED Visits from Non-fatal Self-Harm Injuries Over Time*



*Effective October 1, 2015, the ICD 9th Revision Clinical Modification (ICD-9-CM) transitioned to ICD 10th Revision Clinical Modification (ICD-10-CM). Trend data prior to 2015 is not comparable to data post-transition and, therefore, not included in this chart.

In general, age-adjusted ED visits from non-fatal self-harm injuries have decreased over time in Polk and across Florida, however, the current rate in Polk (221.6 per 100,000) continues to be higher than the statewide rate (157.6 per 100,000).

Source: Florida AHCA

Figure 107. Non-fatal Intentional Self-Harm Injury ED Visits by Age Group^a and Most Common Mechanisms^b (2021-23)

Mechanism	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	All Ages
Drug Poisoning	<5	130	254	90	155	121	95	55	34	9	947
Cut/Pierce	<5	134	200	64	81	52	20	19	5	<5	578
Unspecified	<5	23	24	13	26	22	6	6	5	<5	128
Other Specified, NEC ^c	<5	17	20	9	20	8	5	<5	<5	<5	86
Non-Drug Poisoning	<5	<5	8	<5	5	<5	<5	<5	<5	<5	25
Hot Object/Substance	<5	7	<5	<5	<5	<5	<5	<5	<5	<5	15
Total	11	321	515	184	300	218	132	88	47	12	1,831

^a Ages <5 and 85+ years are not included due to counts <5.

^b Only mechanisms with counts ≥ 15 are included within this table.

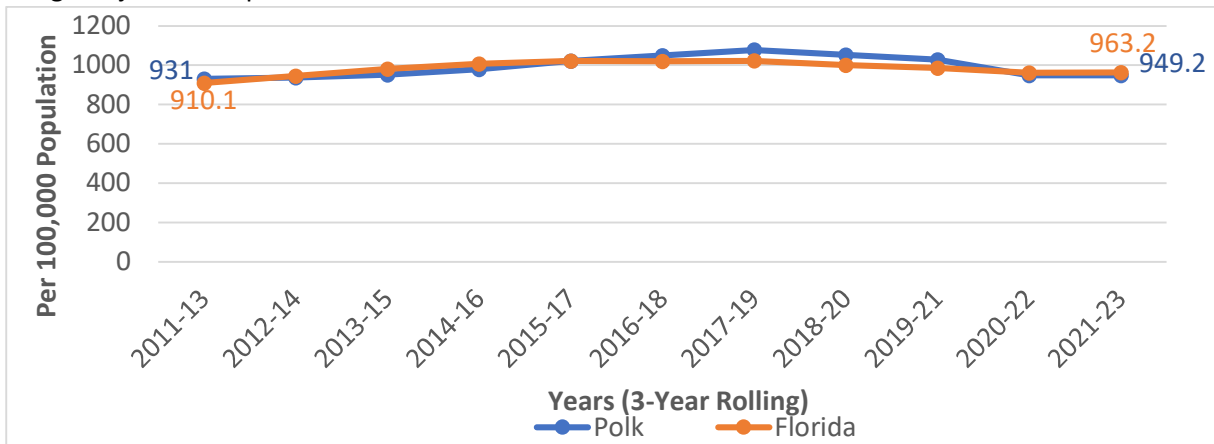
^c NEC = Not Elsewhere Classified

Non-fatal intentional self-harm injury ED visits are highest among the 15-19 age group. The most common mechanism resulting in non-fatal self-harm injuries among the 15-19 age group and overall is drug poisoning, followed by cut/pierce.

Source: Florida AHCA

Hospitalizations from Mental Disorders

Figure 108. Age-Adjusted Hospitalizations from Mental Disorders Over Time



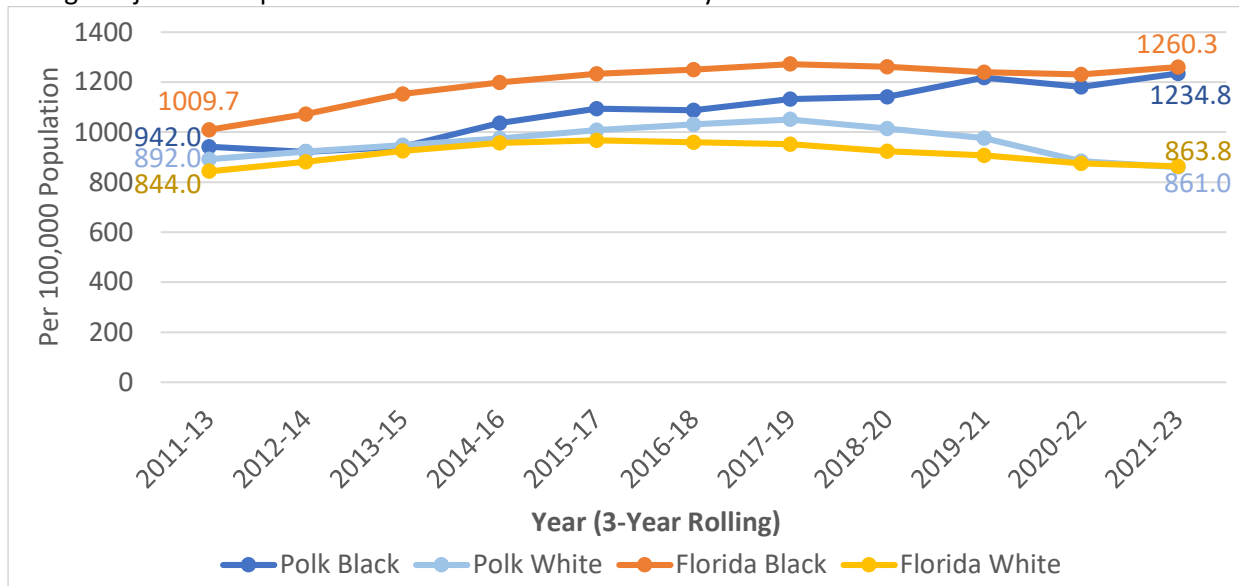
Age-adjusted hospitalizations from mental disorders have generally increased over time across Polk and Florida.

Figure 109. Age-Adjusted Hospitalizations from Mental Disorders by Race

Age-Adjusted Hospitalizations from Mental Disorders by Race 3-year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	861.0	1,234.8	863.8	1,260.3

Age-adjusted hospitalizations from mental disorders are higher among the Black population in Polk (1,234.8 per 100,000) and Florida (1,260.3 per 100,000) compared to the White population in Polk (861.0 per 100,000) and Florida (863.8 per 100,000).

Figure 110. Age-Adjusted Hospitalizations from Mental Disorders by Race Over Time



Age-adjusted hospitalizations from mental disorders have historically been higher among the Black population across both Polk and Florida, compared to the White population. Over time, the gap between the Black and White populations have widened, as rates among the Black population have increased at a larger rate than the White population. The rate among the Polk White population has even decreased over time while rates among the Black population, as well as the Florida White population, have all increased.

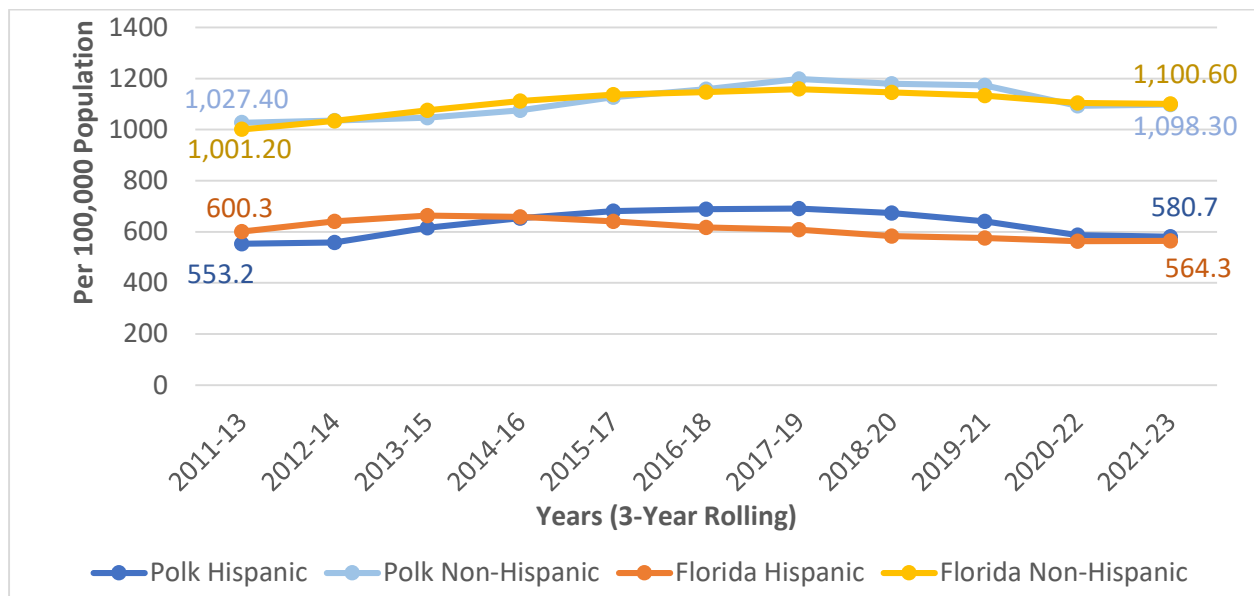
Source: Florida AHCA

Figure 111. Age-Adjusted Hospitalizations from Mental Disorders by Ethnicity

Age-Adjusted Hospitalizations from Mental Disorders by Ethnicity 3-year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	581.0	1,098.3	564.3	1,100.6

Age-adjusted hospitalizations from mental disorders are lower among the Hispanic population in Polk (581.0 per 100,000) and Florida (564.3 per 100,000) compared to the non-Hispanic population in Polk (1,098.3 per 100,000) and Florida (1,100.6 per 100,000).

Figure 112. Age-Adjusted Hospitalizations from Mental Disorders by Ethnicity Over Time

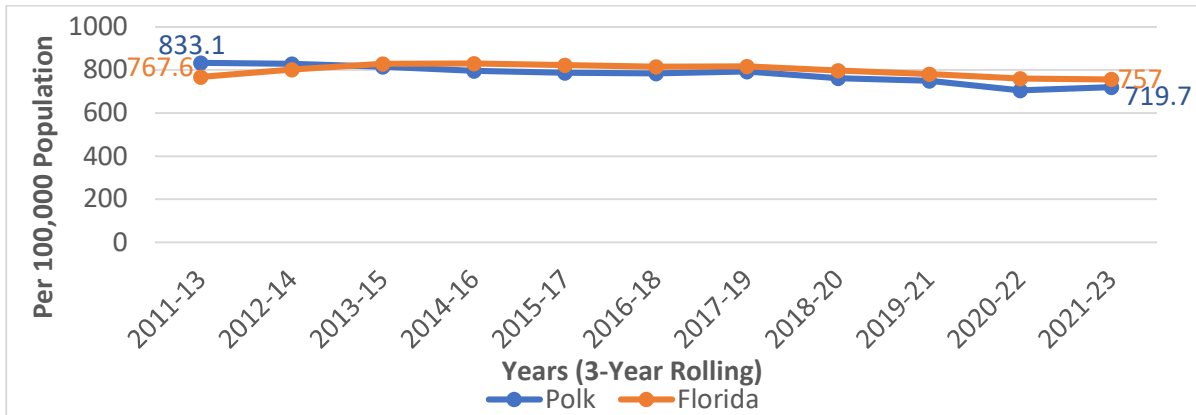


Age-adjusted hospitalizations from mental disorders have historically been lower among the Hispanic population across both Polk and Florida compared to the non-Hispanic population.

Source: Florida AHCA

Hospitalizations from Mental Disorders Except Drug and Alcohol-induced Mental Disorders

Figure 113. Age-adjusted Hospitalizations from Mental Disorders Except Drug and Alcohol-induced Mental Disorders Over Time



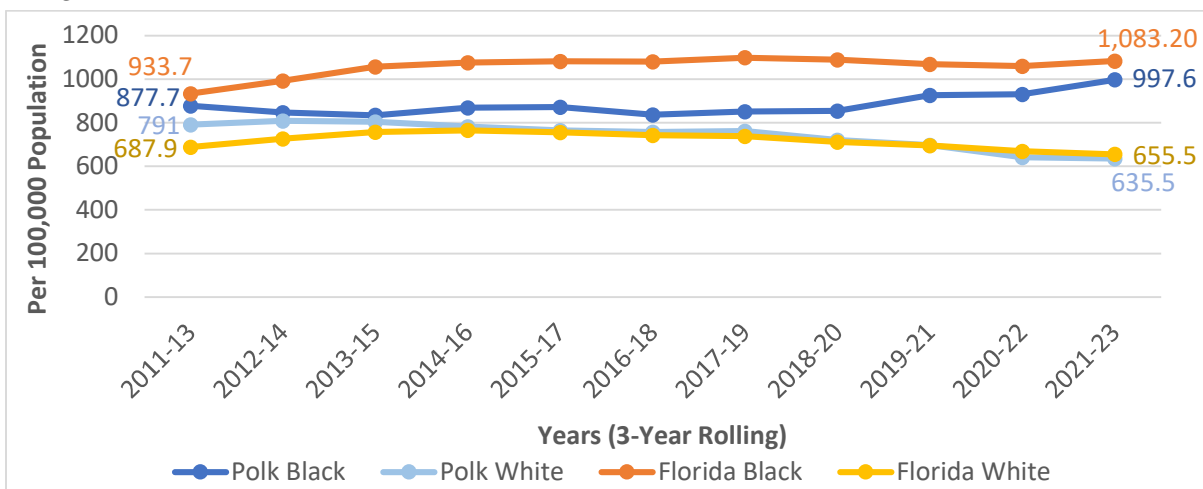
Age-adjusted hospitalizations from mental disorders that are NOT induced by drugs or alcohol have generally decreased over time across Polk and the State of Florida.

Figure 114. Age-adjusted Hospitalizations from Mental Disorders, Except Drug and Alcohol-induced Mental Disorders by Race

Age-Adjusted Hospitalizations from Mental Disorders, EXCEPT Drug and Alcohol-induced Mental Disorders by Race 3-year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	635.5	997.6	655.5	1,083.2

Age-adjusted hospitalizations from mental disorders that are NOT induced by drugs or alcohol are higher among the Black population in Polk (997.6 per 100,000) and Florida (1,083.2 per 100,000) compared to the White population in Polk (635.5 per 100,000) and Florida (655.5 per 100,000).

Figure 115. Age-adjusted Hospitalizations from Mental Disorders, Except Drug and Alcohol-induced Mental Disorders by Race Over Time



Age-adjusted hospitalizations from mental disorders that are NOT induced by drugs or alcohol have increased among the Black population in Polk and Florida over time while rates have decreased among the White population in Polk and Florida over time.

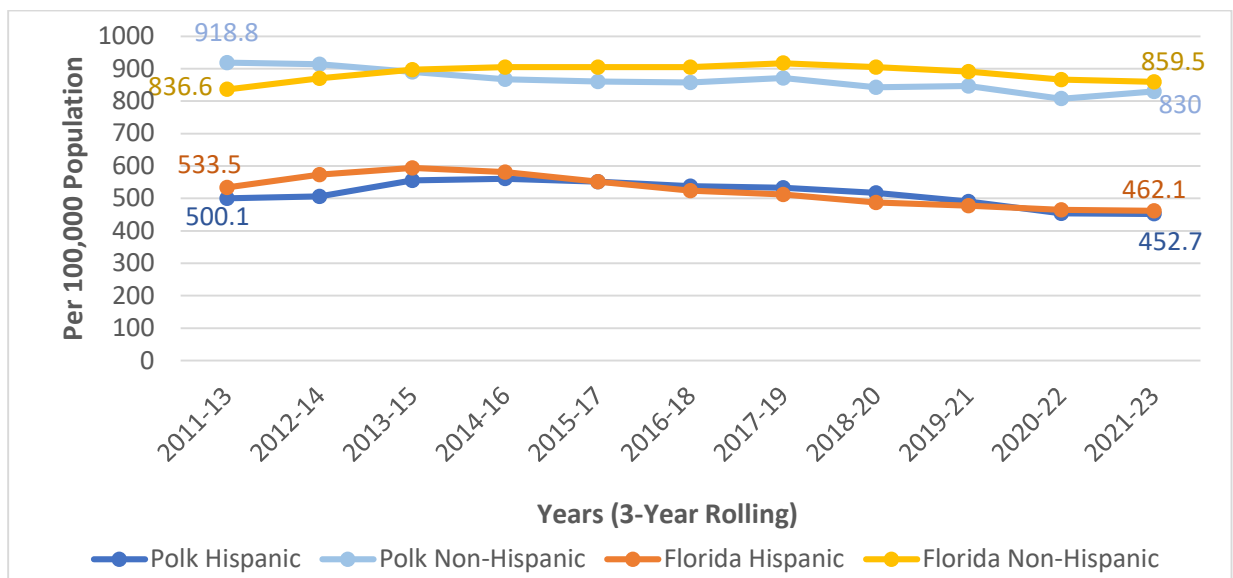
Source: Florida AHCA

Figure 116. Age-adjusted Hospitalizations from Mental Disorders, *Except* Drug and Alcohol-induced Mental Disorders by Ethnicity

Age-Adjusted Hospitalizations from Mental Disorders, EXCEPT Drug and Alcohol-induced Mental Disorders by Ethnicity 3-year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	452.7	830.0	462.1	859.5

Age-adjusted hospitalizations from mental disorders that are NOT induced by drugs or alcohol are lower among the Hispanic population across Polk (452.7 per 100,000) and Florida (462.1 per 100,000) compared to the non-Hispanic population across Polk (830.0 per 100,000) and Florida (859.5 per 100,000).

Figure 117. Age-adjusted Hospitalizations from Mental Disorders, *Except* Drug and Alcohol-induced Mental Disorders by Ethnicity Over Time

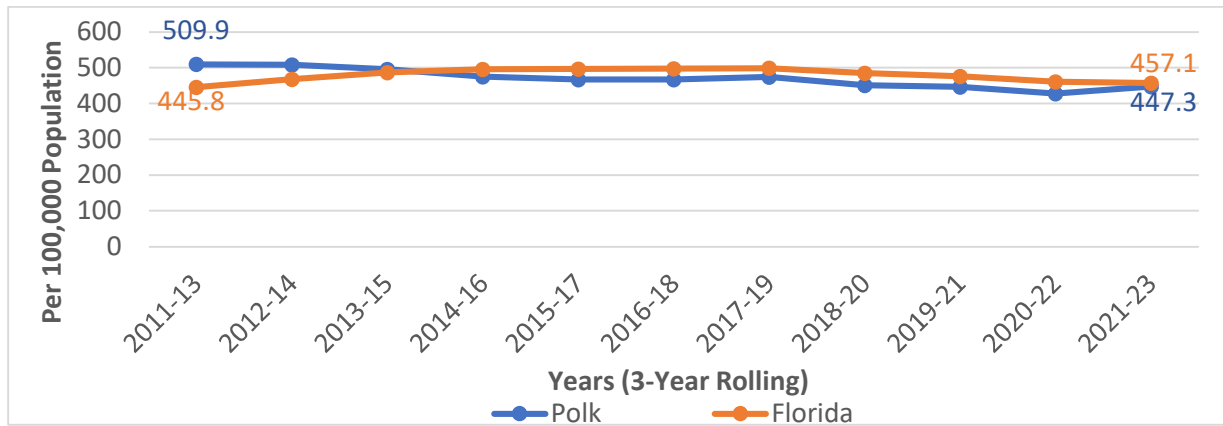


Age-adjusted hospitalizations from mental disorders that are NOT induced by drugs or alcohol have historically been lower among the Hispanic population across both Polk and Florida, compared to the non-Hispanic population.

Source: Florida AHCA

Hospitalizations from Mood and Depressive Disorders

Figure 118. Age-Adjusted Hospitalizations from Mood and Depressive Disorders Over Time



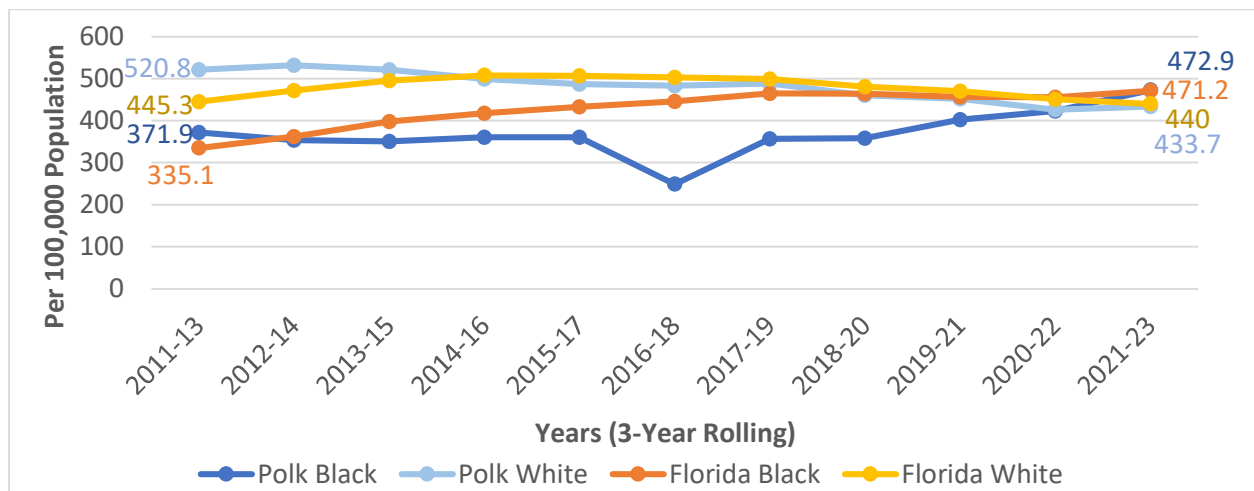
Age-adjusted hospitalizations from mood and depressive disorders have decreased in Polk while increasing across the state over time. Currently, the rate is lower in Polk (447.3 per 100,000) than across the State (457.1 per 100,000).

Figure 119. Age-Adjusted Hospitalizations from Mood and Depressive Disorders by Race

Age-Adjusted Hospitalizations from Mood and Depressive Disorders by Race 3-year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	433.7	472.9	440.0	471.2

Age-adjusted hospitalizations from mood and depressive disorders is higher among the Black population in Polk (472.9 per 100,000) and Florida (471.2 per 100,000) compared to the White population in Polk (433.7 per 100,000) and Florida (440 per 100,000).

Figure 120. Age-Adjusted Hospitalizations from Mood and Depressive Disorders by Race Over Time



Age-adjusted hospitalizations from mood and depressive disorders have historically been higher among the White population across both Polk and Florida compared to the Black population. However, rates have increased among the Black population in recent years across both Polk and Florida while rates have decreased among the White populations across Polk and Florida. Currently, rates are higher among the Black population in Polk (472.9 per 100,000) and Florida (471.2 per 100,000), compared to the White population in Polk (433.7 per 100,000) and Florida (440.0 per 100,000).

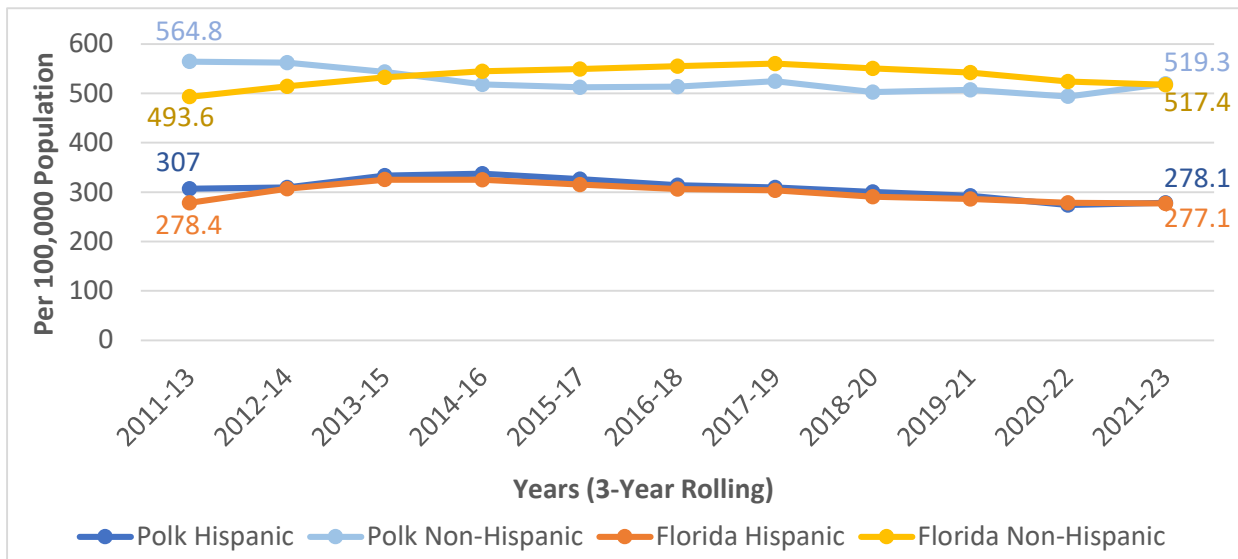
Source: Florida AHCA

Figure 121. Age-Adjusted Hospitalizations from Mood and Depressive Disorders by Ethnicity

Age-Adjusted Hospitalizations from Mood and Depressive Disorders by Ethnicity 3-year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	278.1	519.3	277.1	517.4

Age-adjusted hospitalizations from mood and depressive disorders is lower among the Hispanic population in Polk (278.1 per 100,000) and Florida (277.1 per 100,000) compared to the non-Hispanic population in Polk (519.3 per 100,000) and Florida (517.4 per 100,000).

Figure 122. Age-Adjusted Hospitalizations from Mood and Depressive Disorders by Ethnicity Over Time

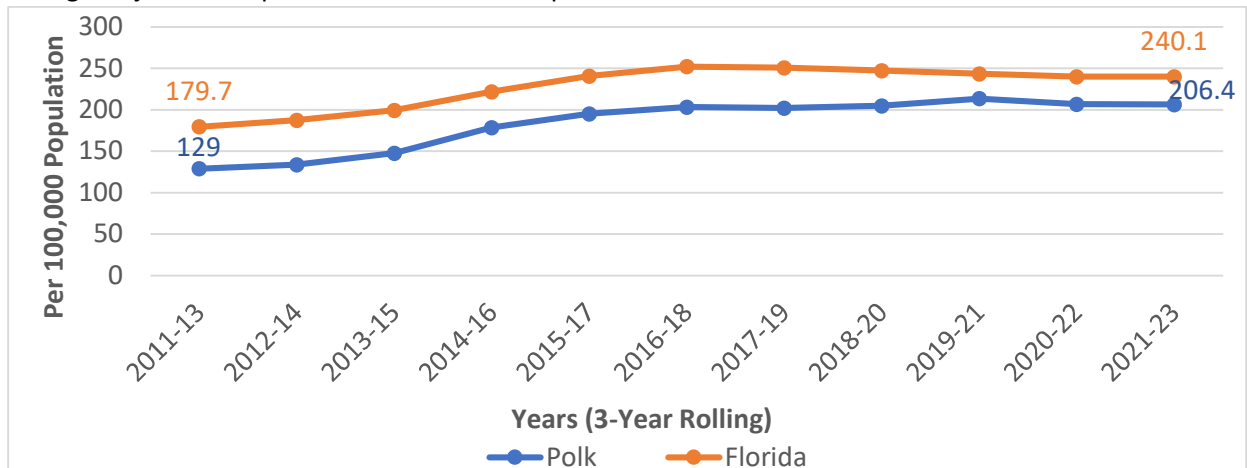


Age-adjusted hospitalizations from mood and depressive disorders have historically been lower among the Hispanic population across both Polk and Florida compared to the non-Hispanic population. Over time, rates have decreased among both the Hispanic and non-Hispanic populations, *except* for Florida’s non-Hispanic population which has increased.

Source: Florida AHCA

Hospitalizations from Schizophrenic Disorders

Figure 123. Age-Adjusted Hospitalizations from Schizophrenic Disorders Over Time



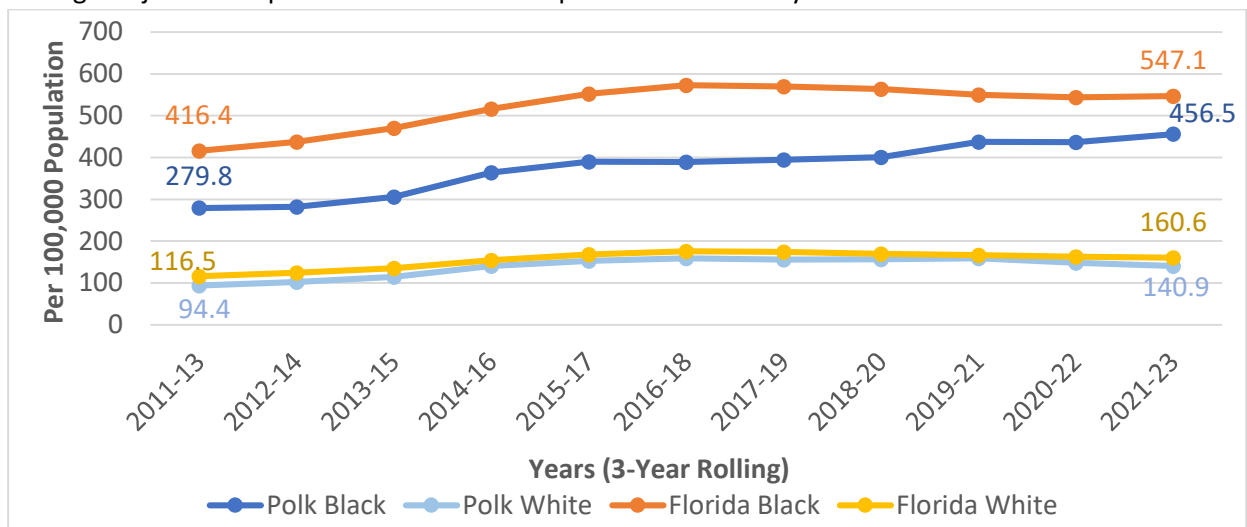
Age-adjusted hospitalizations from schizophrenic disorders have increased across both Polk and Florida over time. Historically, the rate of hospitalizations has been lower in Polk compared to the State of Florida.

Figure 124. Age-Adjusted Hospitalizations from Schizophrenic Disorders by Race

Age-Adjusted Hospitalizations from Schizophrenic Disorders by Race				
3-year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	140.9	456.5	160.6	547.1

Age-adjusted hospitalizations from schizophrenic disorders are higher among the Black population in Polk (456.5 per 100,000) and Florida (547.1 per 100,000) compared to the White population in Polk (140.9 per 100,000) and Florida (160.6 per 100,000).

Figure 125. Age-Adjusted Hospitalizations from Schizophrenic Disorders by Race Over Time



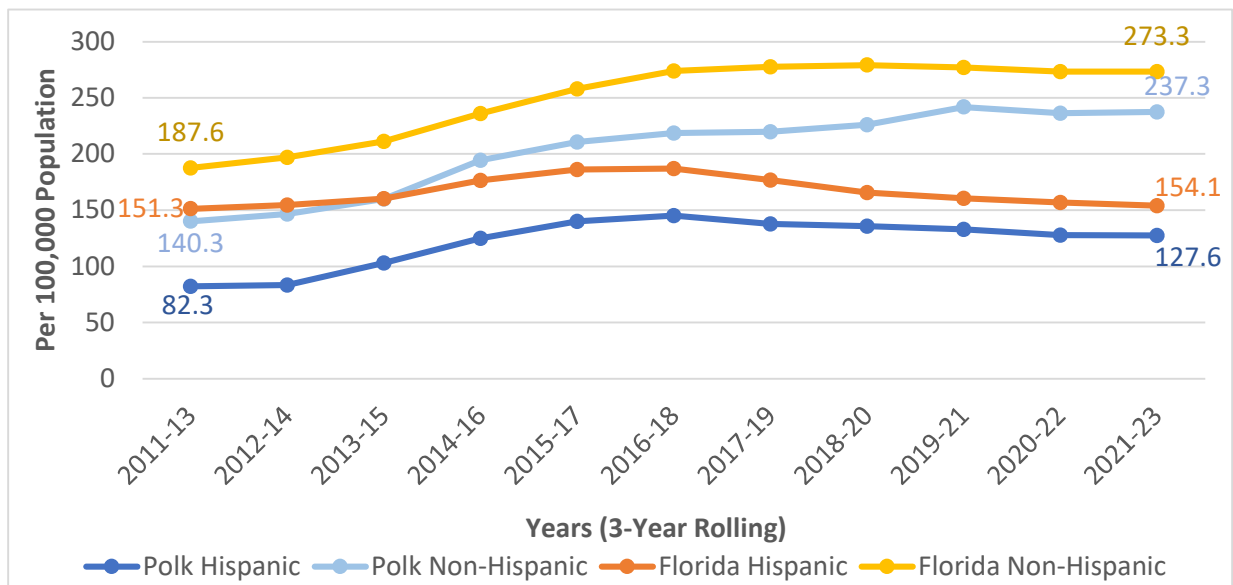
Age-adjusted hospitalizations from schizophrenic disorders have increased among the Black and White populations across both Polk and Florida over time. Historically, rates have been higher among the Black population in Polk and Florida, compared to the White population in Polk and Florida. The rate remains lower among the Polk Black population compared to the Florida Black population, as well as lower among the Polk White population compared to the Florida White population.

Figure 126. Age-Adjusted Hospitalizations from Schizophrenic Disorders by Ethnicity

Age-Adjusted Hospitalizations from Schizophrenic Disorders by Ethnicity 3-year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	127.6	237.3	154.1	273.3

Age-adjusted hospitalizations from schizophrenic disorders is lower among the Hispanic population in Polk (127.6 per 100,000) and Florida (154.1 per 100,000), compared to the non-Hispanic population in Polk (237.3 per 100,000) and Florida (273.3 per 100,000).

Figure 127. Age-Adjusted Hospitalizations from Schizophrenic Disorders by Ethnicity Over Time

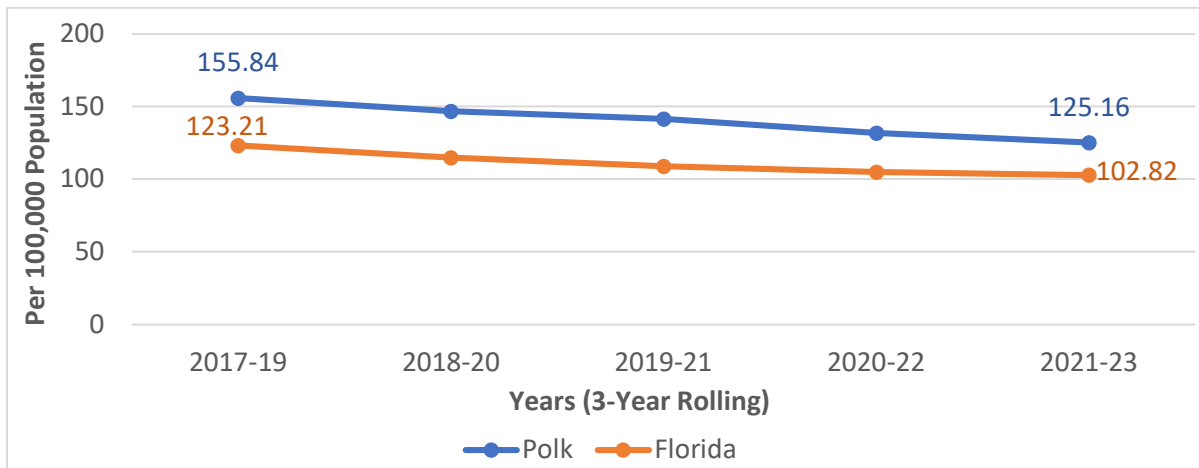


Age-adjusted hospitalizations from schizophrenic disorders have historically been lower among the Hispanic population in Polk, compared to the non-Hispanic population. A similar trend exists statewide with lower hospitalization rates among Hispanics compared to non-Hispanics across Florida. However, rates have increased among both the Hispanic and non-Hispanic populations across both Polk and Florida over time.

Source: Florida AHCA

Hospitalizations from Non-Fatal Self-Harm Injuries

Figure 128. Age-Adjusted Hospitalizations from Non-Fatal Self-Harm Injuries Over Time



Age-adjusted hospitalizations from non-fatal self-harm injuries have decreased over time across both Polk and the State of Florida. The rate of hospitalizations from non-fatal self-harm injuries remains higher in Polk than across the State of Florida.

Figure 129. Non-fatal Intentional Self-Harm Injury Hospitalizations by Age Group^a and Most Common Mechanisms^b (2021-23)

Mechanism	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
Drug Poisoning	72	141	64	108	119	129	95	66	16	7	817
Cut/Pierce	<5	<5	<5	7	6	9	<5	<5	<5	<5	35
Firearm	<5	<5	6	5	<5	<5	<5	<5	<5	<5	17
Total	73	153	75	135	137	147	101	72	18	9	920

^a Ages <9 years are not included due to counts <5.

^b Only mechanisms with counts ≥15 are included within this table.

Non-fatal intentional self-harm injury hospitalizations are highest among the 15-19 age group, followed closely by the 45-54 age group. The most common mechanism resulting in non-fatal self-harm injury hospitalizations among all age groups is drug poisoning.

Source: Florida AHCA

Youth Mental Health






Mental health is an important part of overall health for children and adolescents. Mental health in childhood means reaching developmental and emotional milestones and learning healthy social skills and how to cope with problems. Mentally healthy children have a positive quality of life and can function well at home, at school, and in their communities. Youth with poor mental health may struggle with school and grades, decision making, and their health.






For many adults who have mental disorders, symptoms were present—but often not recognized or addressed—in childhood and adolescence. For a young person with symptoms of a mental disorder, the earlier treatment is started, the more effective it can be. Early treatment can help prevent more severe, lasting problems as a child grows up.

Mental health problems in youth often go hand-in-hand with other health and behavioral risks like increased risk of drug use, experiencing violence, and higher risk sexual behaviors that can lead to HIV, STDs, and unintended pregnancy. Because many health behaviors and habits are established in adolescence that will carry over into adult years, it is very important to help youth develop good mental health.

Sources: CDC, 2024; NIMH, 2024

Figure 130. Child and Adolescent Behavioral Health

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Quartile	Rate	
School Safety					
School Environmental Safety Incidents ^{1 a}	Per 1,000 K-12 students	2021-23		39.0	33.6
<u>Middle school</u> students who, in the past 30 days, did not go to school because they felt they would be unsafe at school or on their way to school ²	Percent	2024		15.0%	10.6%
<u>High school</u> students who, in the past 30 days, did not go to school because they felt they would be unsafe at school or on their way to school ²	Percent	2024		7.2%	8.5%
Adverse Childhood Experiences (ACEs)³					
<u>High school</u> students who have experienced ≥1 ACE	Percent	2022		69.9%	67.2%
<u>High school</u> students who have experienced 4+ ACEs	Percent	2022		28.8%	21.4%
Suicidal Ideation and Behavior (Past Year) by Gender³					
<u>Female</u> students who seriously considered suicide	Percent	2024	-	23%	17.8%
<u>Male</u> students who seriously considered suicide	Percent	2024	-	7%	8.9%
<u>Female</u> students who made a suicidal plan	Percent	2024	-	18%	14.2%
<u>Male</u> students who made a suicidal plan	Percent	2024	-	6%	7.5%
<u>Female</u> students who attempted suicide ≥1 times	Percent	2024	-	16%	10.1%
<u>Male</u> students who attempted suicide ≥1 times	Percent	2024	-	3%	4.4%
<u>Female</u> students who received medical treatment after suicide attempt	Percent	2024	-	4%	2.3%
<u>Male</u> student who received medical treatment after suicide attempt	Percent	2024	-	0%	1.1%

Youth Mental Health-related Emergency Department (ED) Visits ^{4b}					
ED Visits from mental disorders (ages 0-17)	Per 100,000 (ages 0-17)	2021-23		424.9	366.9
Youth Mental Health-related Hospitalizations ^{4b}					
Hospitalizations from mental disorders (ages 0-17)	Per 100,000 (ages 0-17)	2021-23		596.0	704.6
Hospitalizations from non-fatal self-harm injuries (ages 12-18)	Per 100,000 (ages 12-18)	2021-23		96.8	75.3
Hospitalizations from non-fatal self-harm Injuries (ages 19-21)	Per 100,000 (ages 19-21)	2021-23		64.0	57.1
Hospitalizations from or with eating disorders as any listed diagnosis (ages 12-18)	Per 100,000 (ages 12-18)	2021-23		52.3	71.2
Hospitalizations from or with eating disorders (ages 19-21)	Per 100,000 (ages 19-21)	2021-23	-	28.4	28.2

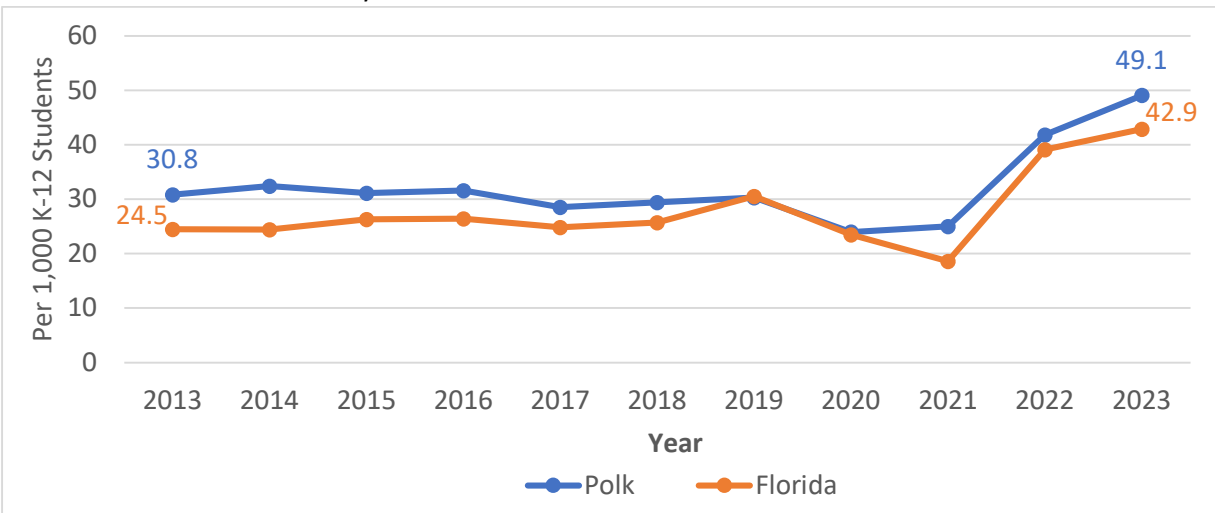
^a *School Environmental Safety Incidents* are incidents that are considered severe enough to require the involvement of a school resource officer and incidents reported to law enforcement. These include incidents of crime, violence, and disruptive behaviors that occur on school grounds, on school transportation, and at off-campus, school-sponsored events.

^b Mental health ED visits and hospitalizations data are based on the address of the patient and not the address of the ED or hospital.

Sources: ¹ FDOE; ² FYTS; ³ FYSAS; ⁴ Florida AHCA

School Safety

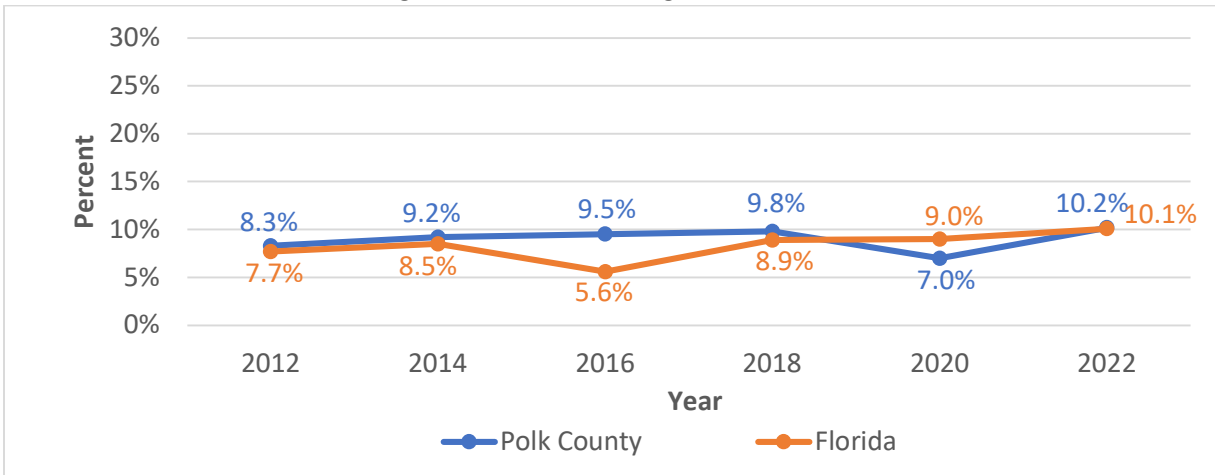
Figure 131. School Environmental Safety Incidents Over Time



In 2023, Polk County K-12 schools had a higher rate of School Environmental Safety Incidents (49.1 per 1,000 K-12 students) compared to K-12 schools across the State of Florida (42.9 per 1,000 K-12 students). School Environmental Safety Incidents have increased in recent years across both Polk County and the State of Florida.

Source: FDOE

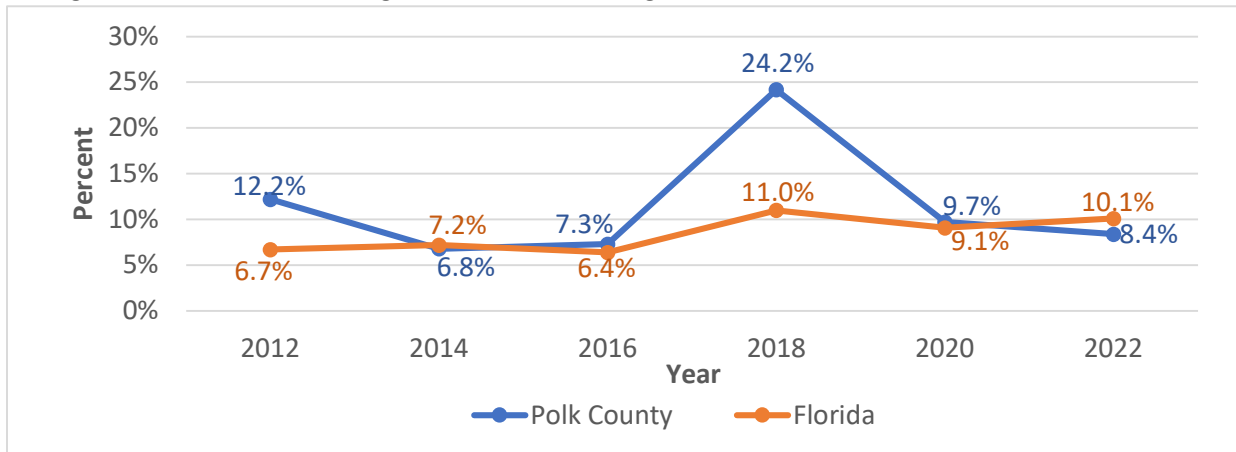
Figure 132. Middle School Students Missing School Due to Feeling Unsafe Over Time



Polk County middle school students are just as likely to miss school due to feeling unsafe at or on their way to school (10.2%) as middle school students across the State of Florida (10.1%).

The percentage of Polk County middle school students who did not go to school because they felt they would be unsafe at or on their way to school in the past 30 days has increased over time, however, a brief decline occurred in Polk during 2020 (7.0%). In 2022, the percentage in Polk increased to an all-time high of 10.2%, minimally surpassing the statewide rate (10.1%).

Figure 133. High School Students Missing School Due to Feeling Unsafe Over Time



Polk County high school students are less likely to miss school due to feeling unsafe (8.4%) than high school students across Florida (10.1%).

The percentage of Polk County high school students who did not go to school because they felt they would be unsafe at or on their way to school in the past 30 days peaked in 2018 at 24.2%, coinciding with the Marjory Stoneman Douglas high school shooting that occurred on February 14, 2018 in Parkland, Florida. Since then, the rate among Polk high school students has decreased to 8.4% (2022).

Source: FYTS

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). Examples include:

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide.

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding. Examples can include growing up in a household with:

- Substance use problems
- Mental health problems
- Instability due to parental separation
- Instability due to household members being in jail or prison.

The examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and well-being. This can include not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination.

How Common are ACEs?

ACEs are common. About 64% of adults in the United States reported they had experienced at least one type of ACE before age 18. Nearly one in six (17.3%) adults reported they had experienced four or more types of ACEs.

Some people are at greater risk of experiencing one or more ACEs than others. While all children are at risk of ACEs, numerous studies show inequalities in such experiences. These inequalities are linked to the historical, social, and economic environments in which some families live. ACEs were highest among females, non-Hispanic American Indian or Alaska Native adults, and adults who are unemployed or unable to work.

Impact of ACEs

ACEs can have lasting effects on health and well-being in childhood and life opportunities well into adulthood. Life opportunities include things like education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, and involvement in sex trafficking. They can also increase risks for maternal and child health problems including teen pregnancy, pregnancy complications, and fetal death. A range of chronic diseases and leading causes of death, such as cancer, diabetes, heart disease, and suicide are also influenced by ACEs.

ACEs and associated social and economic factors, such as living in under-resourced or racially segregated neighborhoods, can cause toxic stress. Toxic stress, or extended or prolonged stress, from ACEs can negatively affect children's brain development, immune systems, and stress-response systems. These changes can affect children's attention, decision-making, and learning.

Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas. These historical and ongoing traumas refer to experiences of racial discrimination or the impacts of poverty resulting from limited educational and economic opportunities.

ACEs are costly. ACEs-related health consequences cost an estimated economic burden of \$748 billion annually in Bermuda, Canada, and the United States.

Preventing ACEs could potentially reduce many health conditions. Estimates show up to 1.9 million heart disease cases and 21 million depression cases potentially could have been avoided by preventing ACEs.

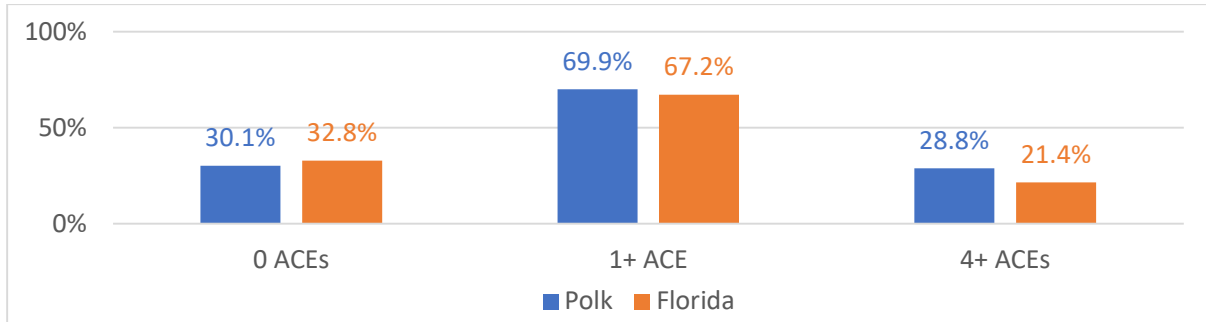
ACEs Prevention

Adverse Childhood Experiences can be prevented. Certain factors may increase or decrease the risk of experiencing ACEs (see *Positive Childhood Experiences* on page 91).

Creating safe, stable, nurturing relationships and environments for all children can prevent ACEs and help all children reach their full potential.

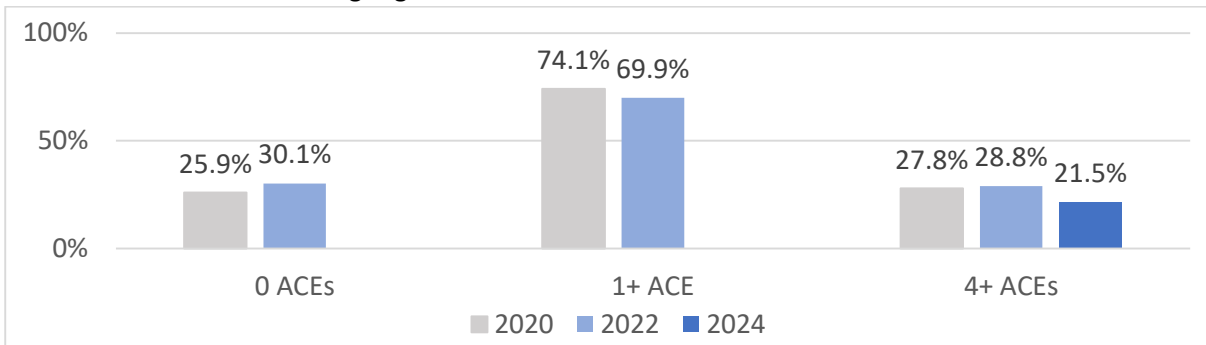
Source: CDC, 2024

Figure 134. Number of ACEs among High School Students (2022)



In 2022, Polk had a higher rate of high school students who reported having experienced 1 or more ACE (69.9%), as well as 4 or more ACEs (28.8%), compared to the State of Florida (67.2% and 21.4%, respectively).

Figure 135. Polk – Number ACEs among High School Students Over Time



The rate of students who experienced 4 or more ACEs decreased in Polk from 2022 (28.8%) to 2024 (21.5%).

In the table below are a list of ACEs, along with the percentage of high school students who reported experiencing each.

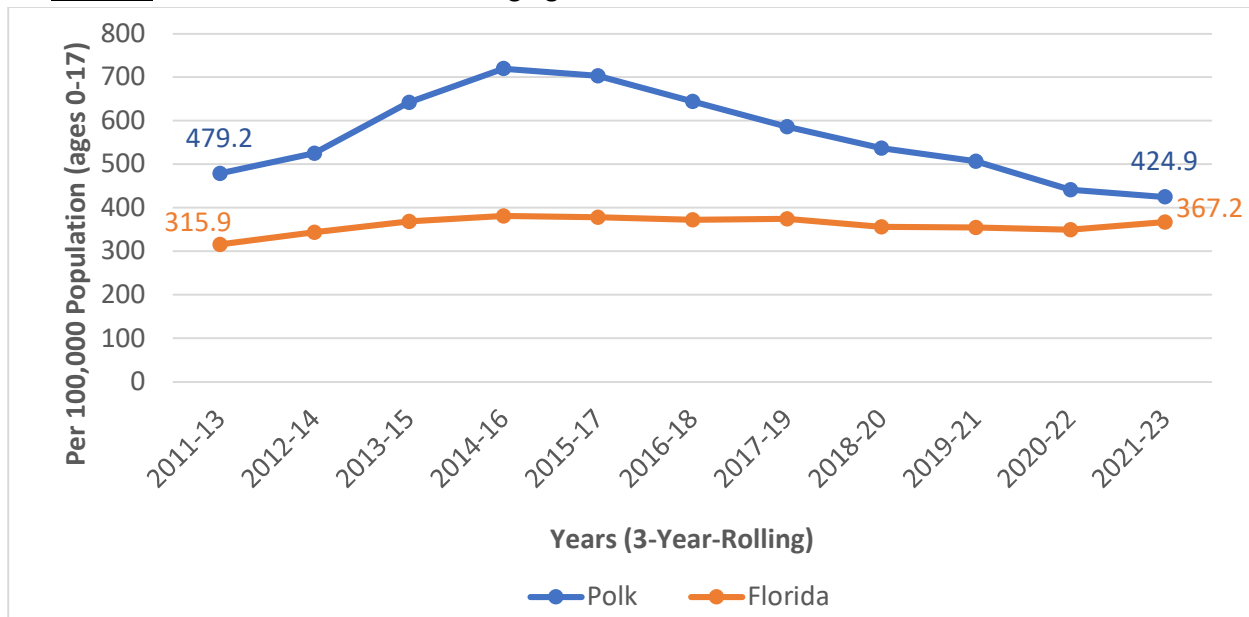
Figure 136. ACEs Reported by High School Students (2024)

Indicator	Measure	Year(s)	Polk	Florida
High School Students who:				
<i>Parents are separated or divorced</i>	Percent	2024	39.3%	38.7%
<i>Experienced mental illness in their household</i>	Percent	2024	31.3%	27.7%
<i>Experienced emotional neglect</i>	Percent	2024	29.9%	25.1%
<i>Lived With an Incarcerated Household Member</i>	Percent	2024	29.0%	21.7%
<i>Experienced substance abuse in their household</i>	Percent	2024	25.3%	22.8%
<i>Experienced emotional abuse</i>	Percent	2024	14.8%	13.3%
<i>Experienced physical abuse</i>	Percent	2024	9.7%	8.9%
<i>Experienced physical neglect</i>	Percent	2024	7.2%	6.2%
<i>Experienced physical abuse in their household</i>	Percent	2024	6.7%	6.9%
<i>Experienced sexual abuse</i>	Percent	2024	4.3%	4.9%

Source: FYSAS

Mental Health-related Emergency Department (ED) Visits and Hospitalizations Among Youth and Young Adults

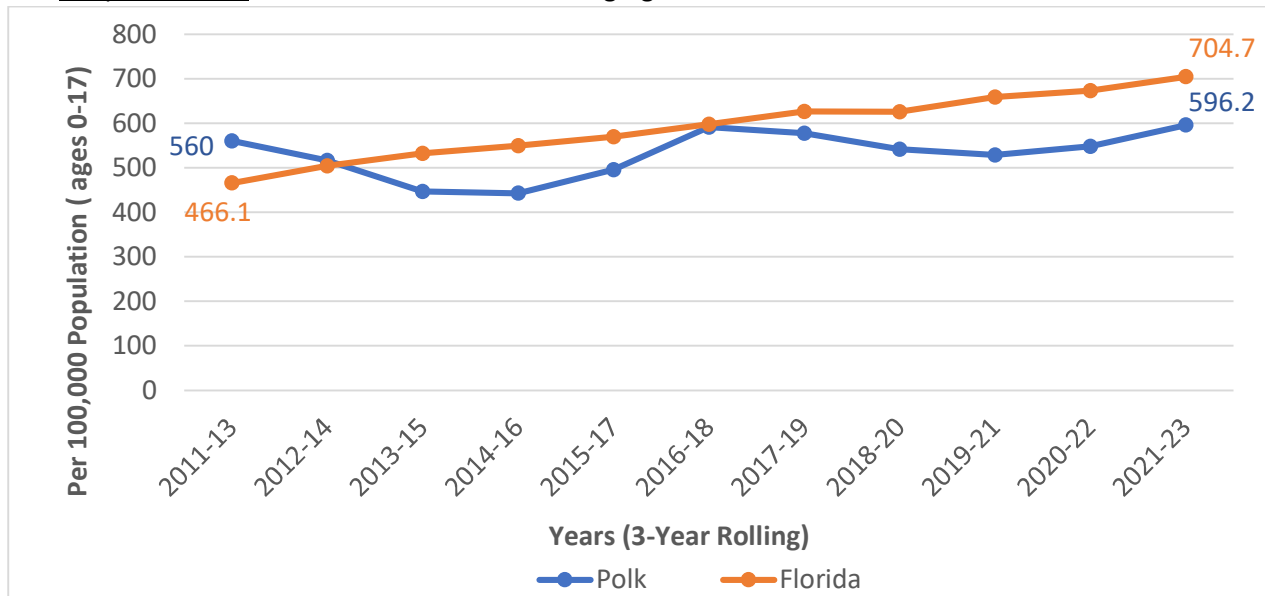
Figure 137. ED Visits from Mental Disorders Among Ages 0-17 Over Time



Although ED visits from mental disorders among youth ages 0-17 have generally decreased in Polk while increasing statewide, ED visits remain higher in Polk (424.9 per 100,000) than across the State (367.2 per 100,000).

Source: Florida AHCA

Figure 138. Hospitalizations from Mental Disorders Among Ages 0-17 Over Time



Hospitalizations from mental disorders among youth ages 0-17 have increased across both Polk and the State of Florida over time. Currently, the rate of hospitalizations among youth is lower in Polk (596.2 per 100,000) than across the State (704.7 per 100,000).

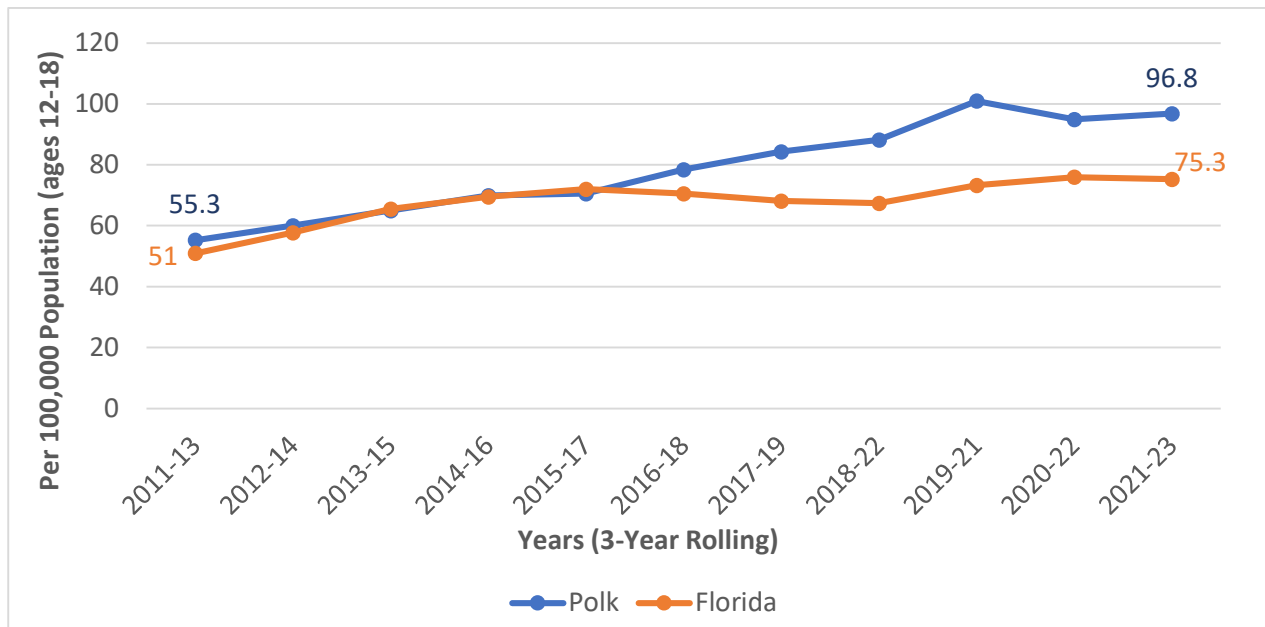
Source: Florida AHCA

Figure 139. Hospitalizations from Non-Fatal Self-Harm Injuries Among Ages 12-18

Hospitalizations from Non-fatal Self-harm Injuries Among Ages 12-18, 3-year Rolling Rates per 100,000 Population (Ages 12-18)			
Year	Polk County		Florida Rate
	Quartile	Rate	
2021-23	3	96.8	75.3

Hospitalizations from non-fatal self-harm injuries among youth ages 12-18 is higher in Polk (96.8 per 100,000) than across the State of Florida (75.3 per 100,000).

Figure 140. Hospitalizations from Non-Fatal Self-Harm Injuries Among Ages 12-18 Over Time



Hospitalizations from non-fatal self-harm injuries among youth ages 12-18 have increased in Polk and statewide over time.

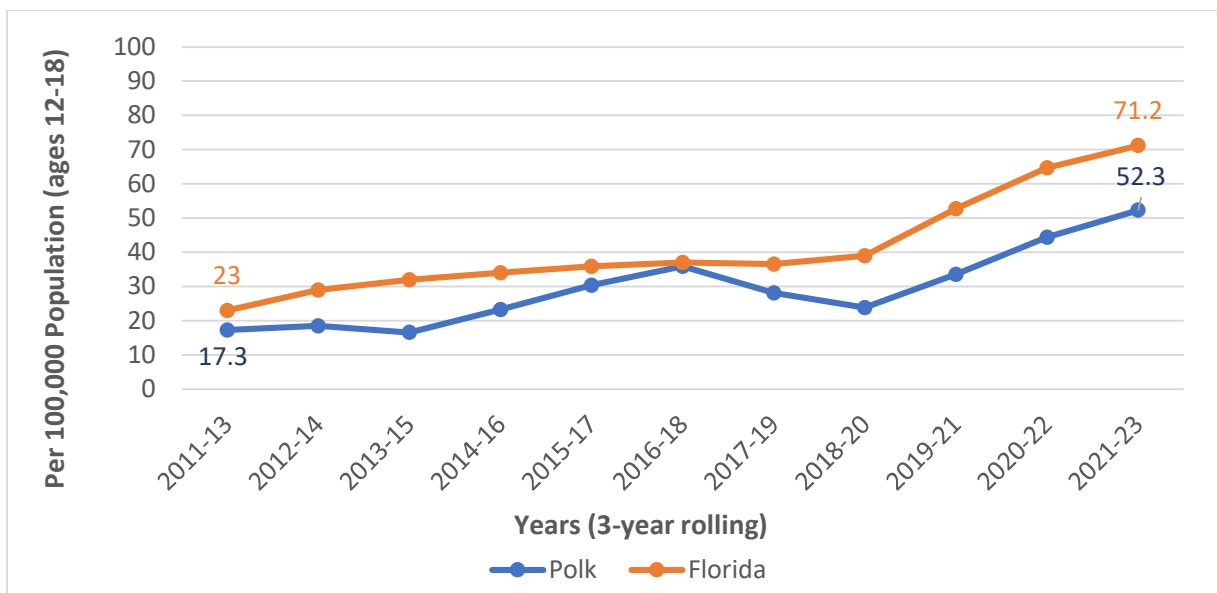
Source: Florida AHCA

Figure 141. Hospitalizations From or With Eating Disorders as Any Listed Diagnosis Among Ages 12-18

Hospitalizations from or with Eating Disorders as Any Listed Diagnosis Among Ages 12-18, 3-year Rolling Rates per 100,000 Population (Ages 12-18)			
Year	Polk County		Florida Rate
	Quartile	Rate	
2021-23	2	52.3	71.2

Hospitalizations from or with eating disorders as any listed diagnosis among youth ages 12-18 are lower in Polk (52.3 per 100,000) than across the State of Florida (71.2 per 100,000).

Figure 142. Hospitalizations From or With Eating Disorders as Any Listed Diagnosis Among Ages 12-18 Over Time



Hospitalizations from or with eating disorders as any listed diagnosis among youth ages 12-18 have historically been lower in Polk than across the State of Florida, however, rates have increased in recent years across both Polk and the State.

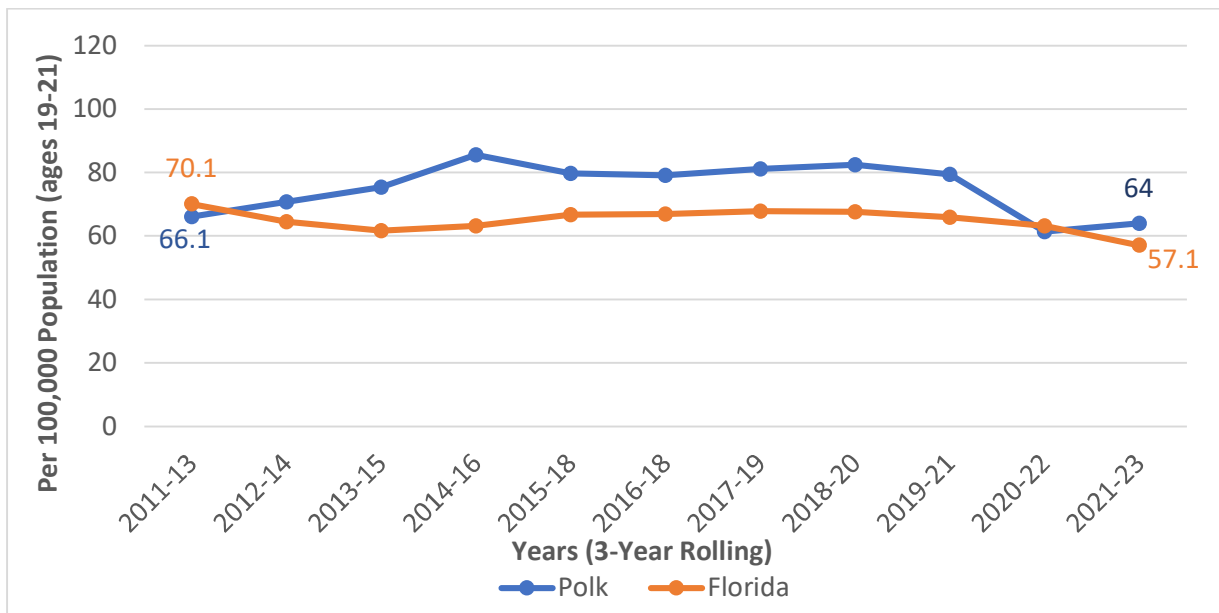
Source: Florida AHCA

Figure 143. Hospitalizations from Non-Fatal Self-Harm Injuries Among Young Adults Ages 19-21

Non-Fatal Self-Harm Injury Hospitalizations Among Ages 19-21 3-year Rolling Rates per 100,000 Population Ages 19-21			
Year	Polk County		Florida Rate
	Quartile	Rate	
2021-23	3	64.0	57.1

Hospitalizations from non-fatal self-harm injuries among young adults ages 19-21 are higher in Polk (64.0 per 100,000) than across Florida (57.1 per 100,000).

Figure 144. Hospitalizations from Non-Fatal Self-Harm Injuries Among Young Adults Ages 19-21 Over Time



Overall, hospitalizations from non-fatal self-harm injuries among young adults ages 19-21 have decreased over time in Polk and across the State of Florida.

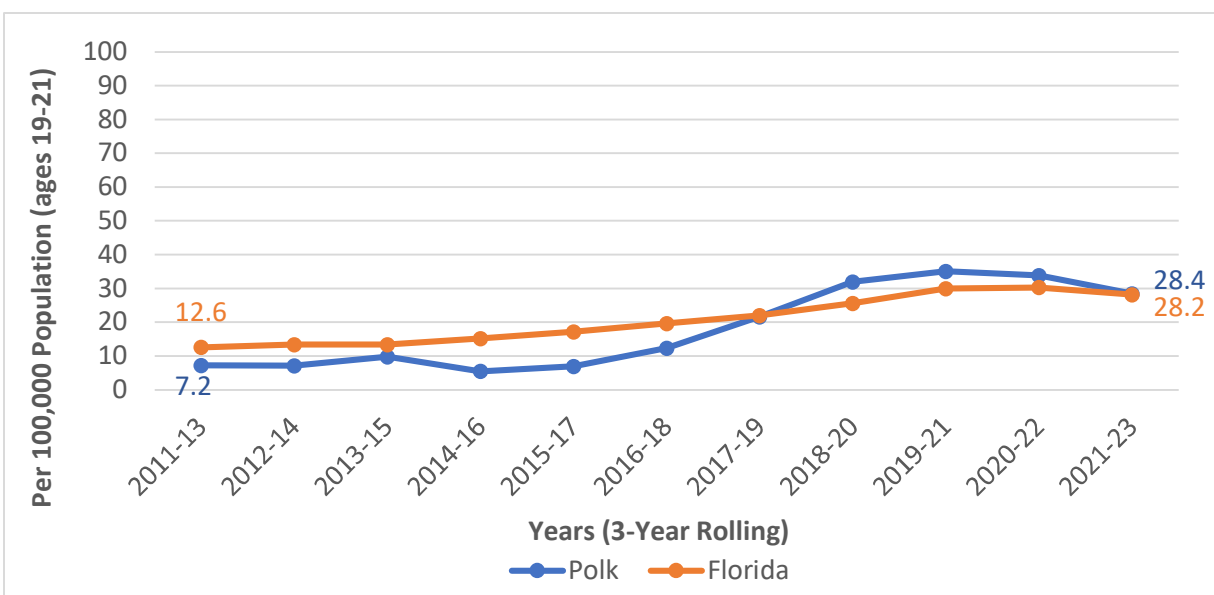
Source: Florida AHCA

Figure 145. Hospitalizations from or with Eating Disorders as Any Listed Diagnosis Among Young Adults Ages 19-21

Hospitalizations from or with Eating Disorders as Any Listed Diagnosis Among Ages 19-21 3-year Rolling Rates per 100,000 Population (Ages 19-21)			
Year	Polk County		Florida Rate
	Quartile	Rate	
2021-23	-	28.4	28.2

Hospitalizations from or with eating disorders as any listed diagnosis among young adults ages 19-21 are similar across Polk (28.4 per 100,000) and the State of Florida (28.2 per 100,000).

Figure 146. Hospitalizations From or With Eating Disorders as Any Listed Diagnosis Among Young Adults Ages 19-21 Over Time

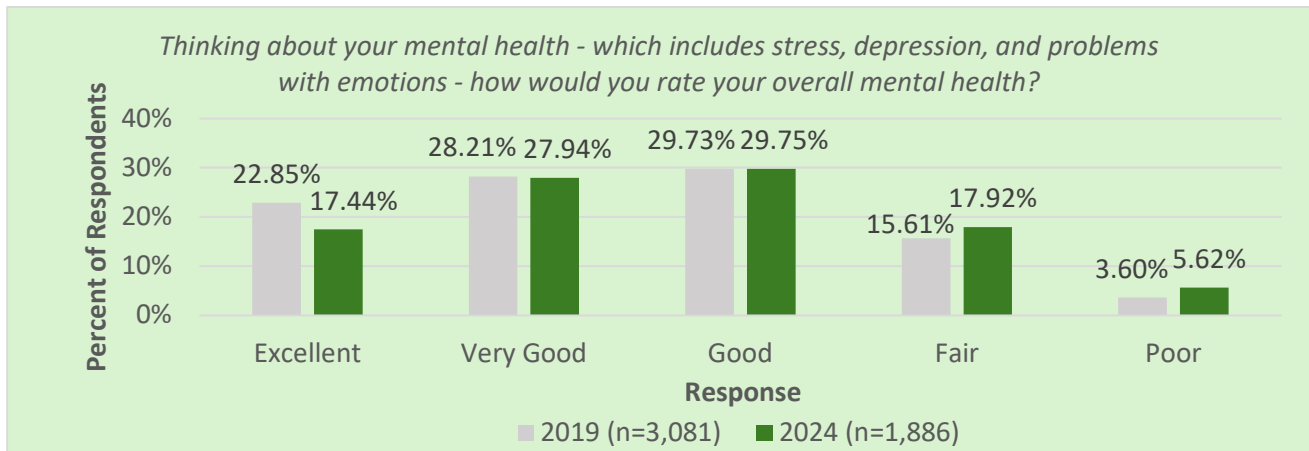


Hospitalizations from or with eating disorders as any listed diagnosis among young adults ages 19-21 have generally increased over time across both Polk and Florida. However, rates have declined in more recent years.

Source: Florida AHCA

Adult Mental Health

Figure 147. Polk CHA Survey Respondents: Mental Health Status (2019/2024 Comparison)

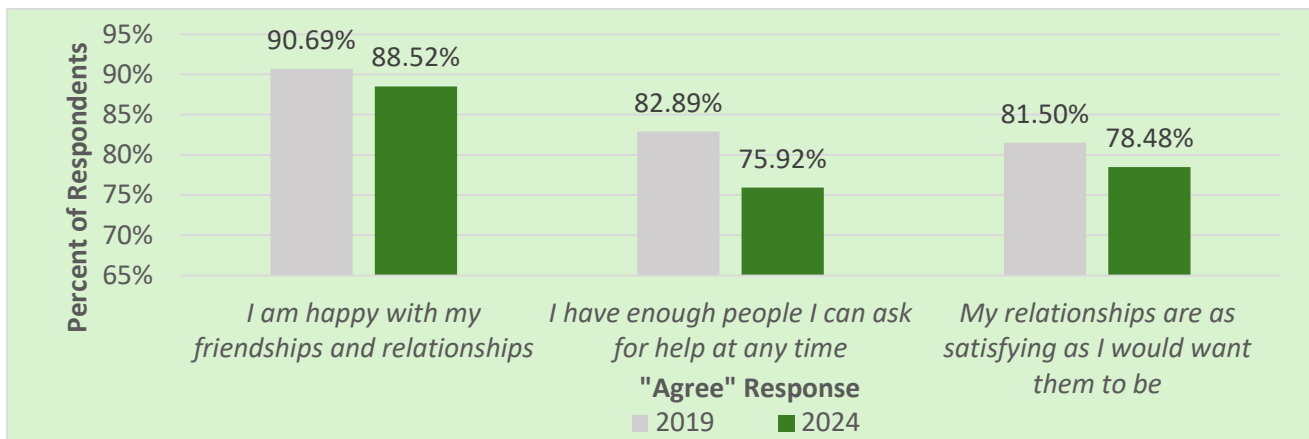


About three-quarters (75.13%) of respondents to the 2024 Polk CHA Survey ranked their mental health status as either *excellent* (17.44%), *very good* (27.94%), or *good* (29.75%) while about one-quarter (23.54%) reported their health as *fair* (17.92%) or *poor* (5.62%).

Compared to the 2019 Polk CHA Survey, fewer respondents ranked their mental health as *excellent* (2019 = 22.85% vs. 2024 = 17.44%) in 2024 while a larger percentage of respondents ranked their mental health as *fair* (2019 = 15.61% vs 2024 = 17.92%) or *poor* (2019 = 3.60% vs 2024 = 5.62%).

Source: Polk County Community Health Survey, 2019 & 2024

Figure 148. Polk CHA Survey Respondents: Social Connections (2019/2024 Comparison)



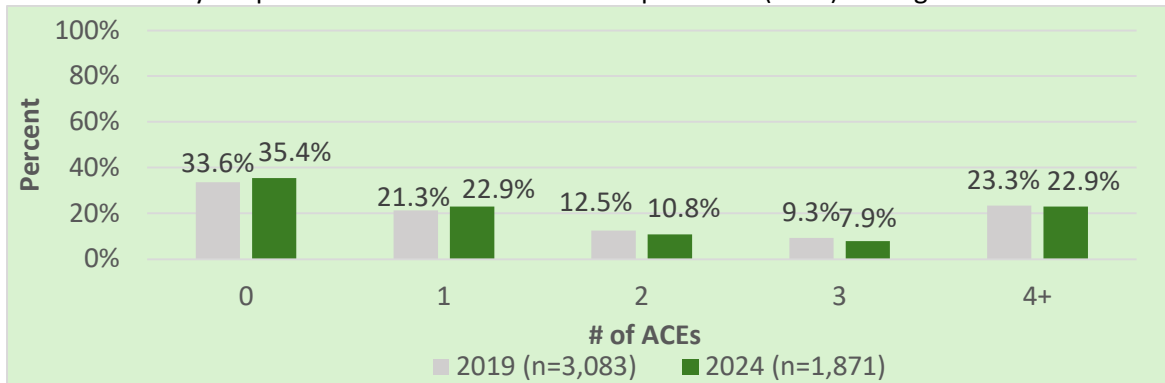
While most Polk CHA Survey respondents from both the 2019 and 2024 surveys reported that they are happy and satisfied with their friendships and relationships and that they have enough people they can ask for help at any time, the proportion of respondents who reported satisfaction with their social connections decreased from the 2019 to 2024 survey.

Source: Polk County Community Health Survey, 2019 & 2024

Adverse Childhood Experiences (ECEs) among Adults

For a description of ACEs, please refer to page 83.

Figure 149. Polk CHA Survey Respondents: Adverse Childhood Experiences (ACEs) among Adults



Most respondents to the 2024 Polk CHA Survey (65%) reported experiencing 1 or more ACE before the age of 18 while almost one-quarter (22.9%) reported experiencing 4 or more ACEs. Below is a list of ACEs, along with the percentage of 2024 survey respondents who reported experiencing each:

- Parents separated/divorced – 40.3%
- Experienced emotional abuse – 26.2%
- Experienced mental illness in their household – 25.5%
- Experienced physical abuse in their household – 18.7%
- Experienced substance abuse in their household – 18.4%
- Experienced physical abuse – 18.3%
- Lived with an incarcerated household member – 11.6%
- Experienced sexual abuse – 9.6%

Source: Polk County Community Health Survey, 2019 & 2024

Positive Childhood Experiences (PCEs) among Adults

Positive Childhood Experiences, or PCEs, encompass childhood experiences of having safe, stable, nurturing relationships and environments. PCEs promote healthy child development and adult mental and relational health. PCEs also buffer the effects of Adverse Childhood Experiences and reduce the prevalence of adult health risk behaviors, such as smoking or unhealthy alcohol use.

Source: CDC, 2024

Figure 150. Polk CHA Survey Respondents: Positive Childhood Experiences (PCEs) among Adults

PCE	Survey Percent
<i>Had at least 1 good friend (n = 1864)</i>	94.26%
<i>Had opportunities to have a good time (n = 1853)</i>	92.44%
<i>Had at least 1 caregiver with whom they felt safe (n = 1856)</i>	90.41%
<i>Had good neighbors (n = 1848)</i>	89.56%
<i>Had a predictable home routine, like regular meals and a regular bedtime (n = 1853)</i>	89.48%
<i>Had at least 1 teacher who cared about you (n = 1854)</i>	89.21%
<i>Had beliefs that gave them comfort (n = 1855)</i>	89.06%
<i>Had an adult (non-parent/caregiver) who could provide support and advice (n = 1853)</i>	87.05%
<i>Like school (n = 1865)</i>	82.79%
<i>Liked themselves or felt comfortable with oneself (n = 1860)</i>	81.83%

Most 2024 Polk CHA Survey respondents reported having experienced one or more of the PCEs listed in the table above.

Source: Polk County Community Health Survey, 2024

The Baker Act

The Florida Mental Health Act of 1971, commonly referred to as the Baker Act, is the Florida law that allows for the involuntary examination and admission of an individual in need of emergency mental health services, when certain criteria are met.

The Baker Act criteria are met when there is reason to believe an individual has a mental illness, and because of their mental illness:

- They have refused voluntary examination; or they are unable to determine for themselves that examination is necessary; and
- Without care or treatment, they may suffer from personal neglect or refuse to care for themselves which presents a threat of substantial harm to their well-being; or
- There is a substantial likelihood that without care or treatment, the individual will cause harm to themselves or others in the near future.

Source: DCF, 2024

Figure 151. Involuntary Examinations (Baker Acts)

Indicator	Measure	Fiscal Year	Polk County		Florida Rate
			Count	Rate	
Total Involuntary Examinations	Per 1,000 residents	2021-22	6,709	9.41	8.70
Distinct Individuals ^a	Per 1,000 residents	2021-22	5,408	7.58	6.21
High Utilizers ^b	Per 1,000 residents	2021-22	403	0.57	0.51
Children (<18 years)	Per 1,000 residents (<18 years)	2021-22	1,723	2.42	1.76
Adults (18-64 years)	Per 1,000 residents (18-64 years)	2021-22	4,495	6.30	6.22
Older Adults (65+ years)	Per 1,000 residents (65+ years)	2021-22	491	0.69	0.72

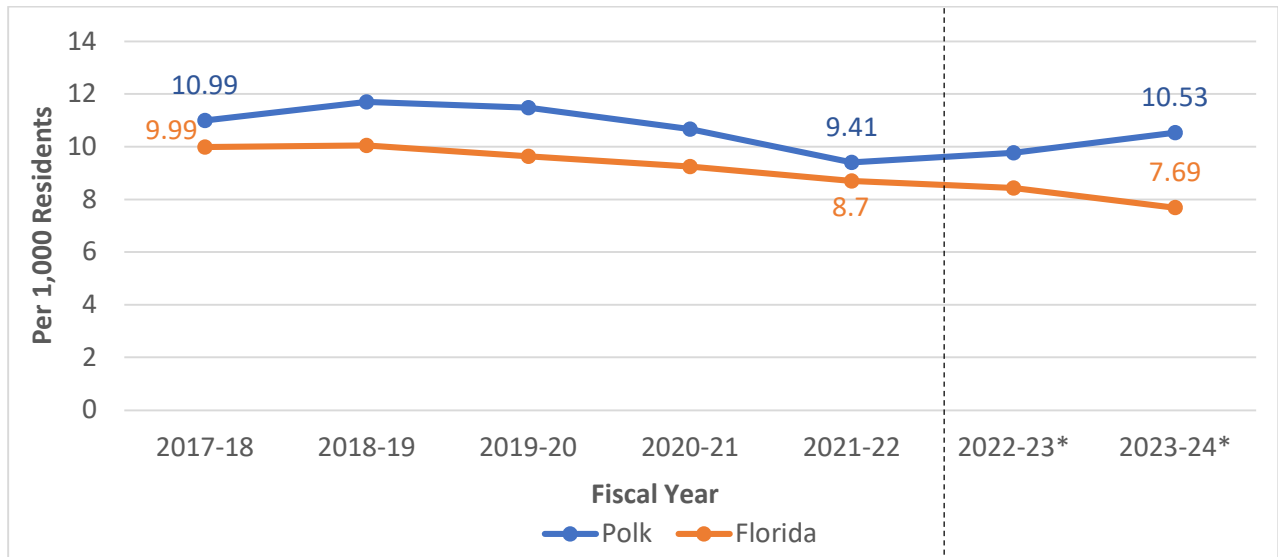
^a *Distinct individuals* refers to the number of unique persons who had an involuntary examination.

^b *High Utilizers* refers to distinct individuals who have had 3 involuntary examinations within a 180-day period.

Polk has a higher rate of Baker Acts (9.41 per 1,000) compared to the State of Florida (8.70 per 1,000), as well as a higher rate of *distinct individuals* (7.58 per 1,000) and *high utilizers* (0.57 per 1,000), compared to Florida (6.21 per 1,000 and 0.51 per 1,000, respectively). Involuntary examinations involving children under 18 years of age are also higher in Polk (2.42 per 1,000) than Florida (1.76 per 1,000), as well as involuntary examinations involving adults between the ages of 18-64 years (Polk = 6.30 per 1,000 vs. Florida = 6.22 per 1,000). Conversely, the rate of involuntary examinations involving older adults ages 65+ years of age is slightly lower in Polk (0.69 per 1,000) compared to Florida (0.72 per 1,000).

Source: DCF Baker Act Dashboard

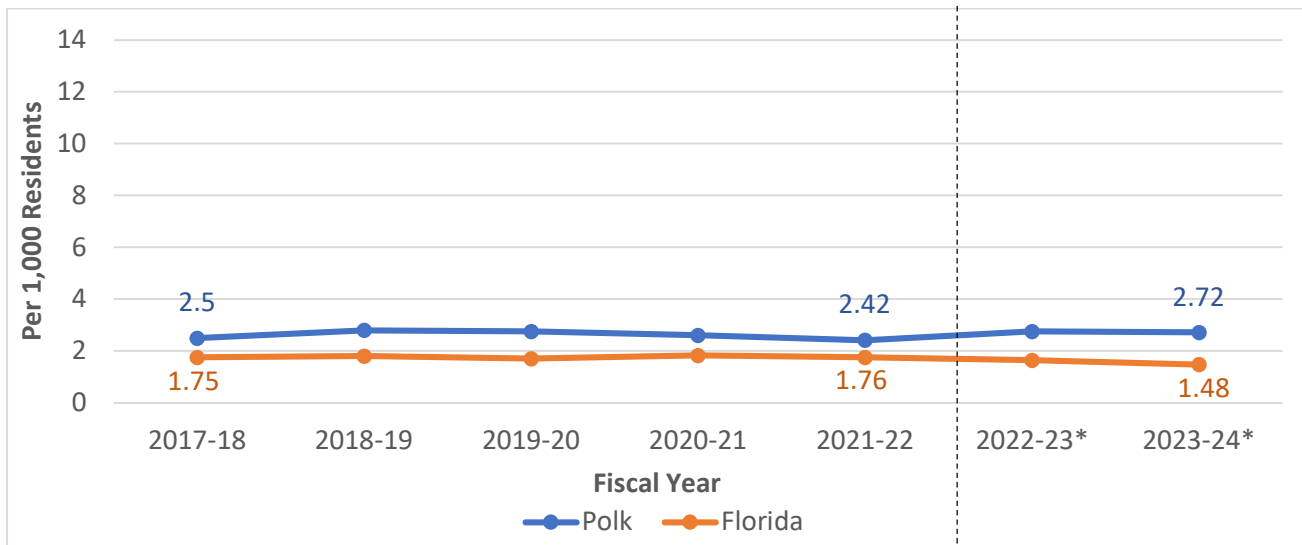
Figure 152. Involuntary Examinations (Baker Acts) Over Time



* Provisional data (subject to change).

Baker Acts have decreased over time across both Polk County and the State of Florida, however, provisional data from 2022-2024 forecasts an increase in involuntary examinations in Polk.

Figure 153. Involuntary Examinations (Baker Acts) among Children (<18 Years) Over Time

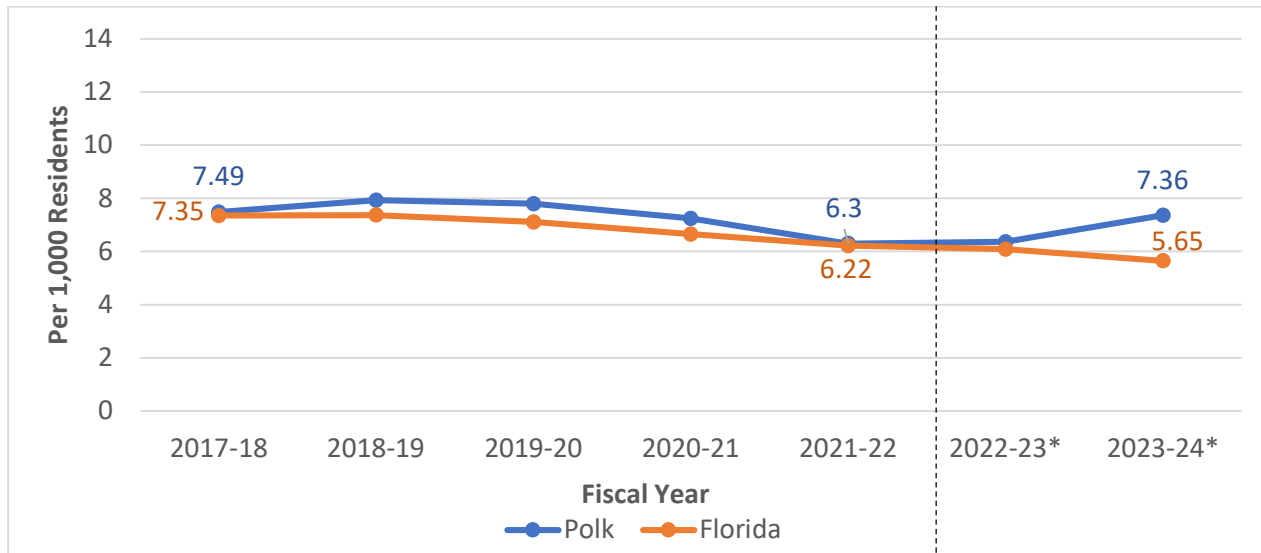


* Provisional data (subject to change).

Baker Acts involving children under 18 years of age have remained relatively stable over time across both Polk County and the State of Florida, however, provisional data from 2022-2024 shows an increase in Baker Acts involving children in Polk County.

Source: DCF Baker Act Dashboard

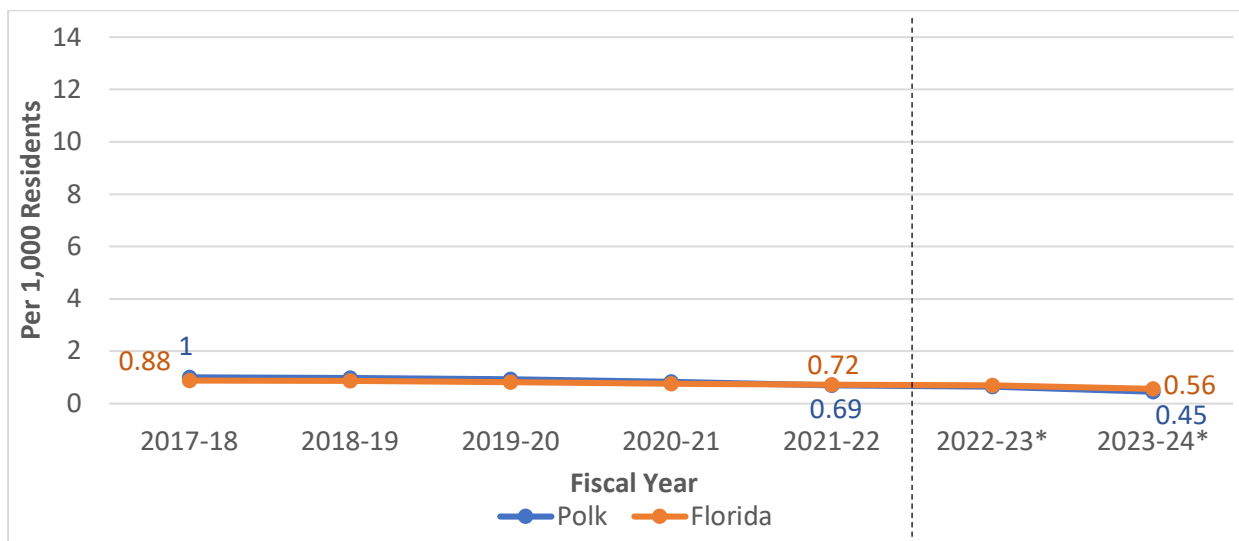
Figure 154. Involuntary Examinations (Baker Acts) among Adults (18-64 Years) Over Time



* Provisional data (subject to change).

Baker Acts involving adults ages 18-64 years have decreased over time across both Polk County and the State of Florida, however, provisional data from 2022-2024 shows an increase in involuntary examinations involving adults in Polk.

Figure 155. Involuntary Examinations (Baker Acts) among Older Adults (65+ Years) Over Time



* Provisional data (subject to change).

Baker Acts involving older adults ages 65+ years have decreased over time across both Polk County and the State of Florida. Provisional data for 2022-2024 currently shows a further decrease in rates, however, are subject to change.

Source: DCF Baker Act Dashboard

Suicide

Suicide is death caused by injuring oneself with the intent to die. A *suicide attempt* is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions. Many factors can increase the risk for suicide or protect against it. Suicide is connected to other forms of injury and violence. For example, people who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk. Being connected to family and community support and having easy access to healthcare can decrease suicidal thoughts and behaviors.

Source: CDC, 2024

Figure 156. Suicide

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Suicide deaths (Age-adjusted)	Per 100,000	2021-23	342	1	13.8	14.0	12.8
by firearms discharge	Per 100,000	2021-23	188	1	7.5	7.8	-
by drug poisoning	Per 100,000	2021-23	52	4	2.0	1.4	-
by other and unspecified means	Per 100,000	2021-23	154	2	6.3	6.2	-
Suicide deaths (ages 12-18)	Per 100,000 (ages 12-18)	2021-23	7	-	3.4	5.5	-
Suicide deaths (ages 19-21)	Per 100,000 (ages 19-21)	2021-23	7	-	8.3	12.9	-

The age-adjusted suicide death rate for Polk County (13.8 per 100,000) is similar to that of the State of Florida (14.0 per 100,000). Among youth ages 12-18 years, the death rate from suicide is lower in Polk (3.4 per 100,000) than the state (5.5 per 100,000). Similarly, the rate of suicide deaths among young adults ages 19-21 years is also lower in Polk (8.3 per 100,000) than the State (12.9 per 100,000).

Figure 157. Suicide Deaths by Age Group^a and Most Common Mechanisms^b in Polk (2021-23)

Mechanism	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
Firearm	1	4	15	24	29	23	36	30	18	8	188
Suffocation	1	2	5	21	16	8	8	5	4	3	73
Poisoning	0	0	4	5	5	8	16	11	6	2	57
Total	2	7	26	54	52	44	66	47	31	13	342

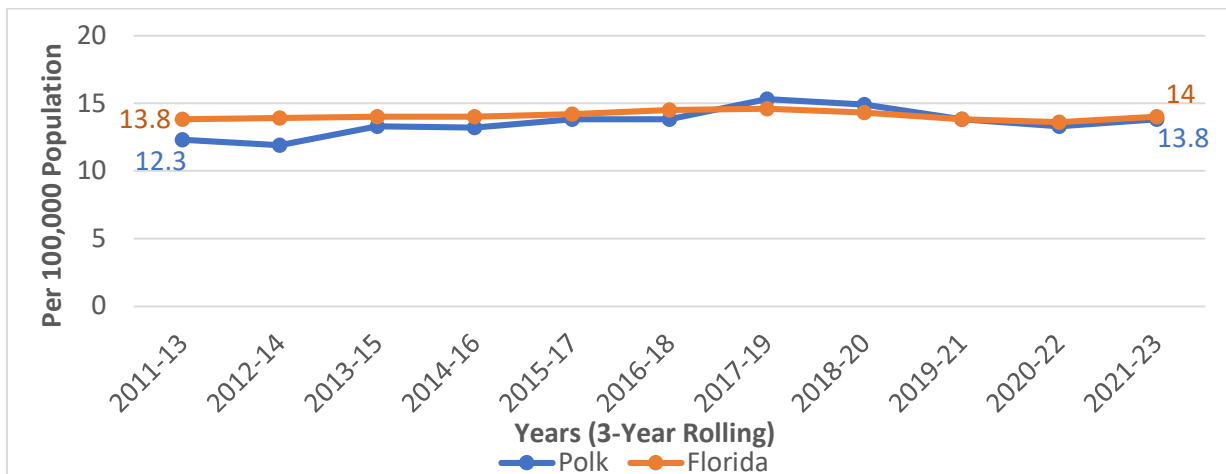
^a Ages <9 years are not included due to counts <5.

^b Only mechanisms with counts ≥15 are included within this table.

Between 2021-2023, suicide deaths were highest among the 55-64 age group (66 deaths). The most common mechanism resulting in suicide death among all age groups is firearm.

Sources: FDOH Bureau of Vital Statistics

Figure 158. Age-Adjusted Suicide Death Rate Over Time



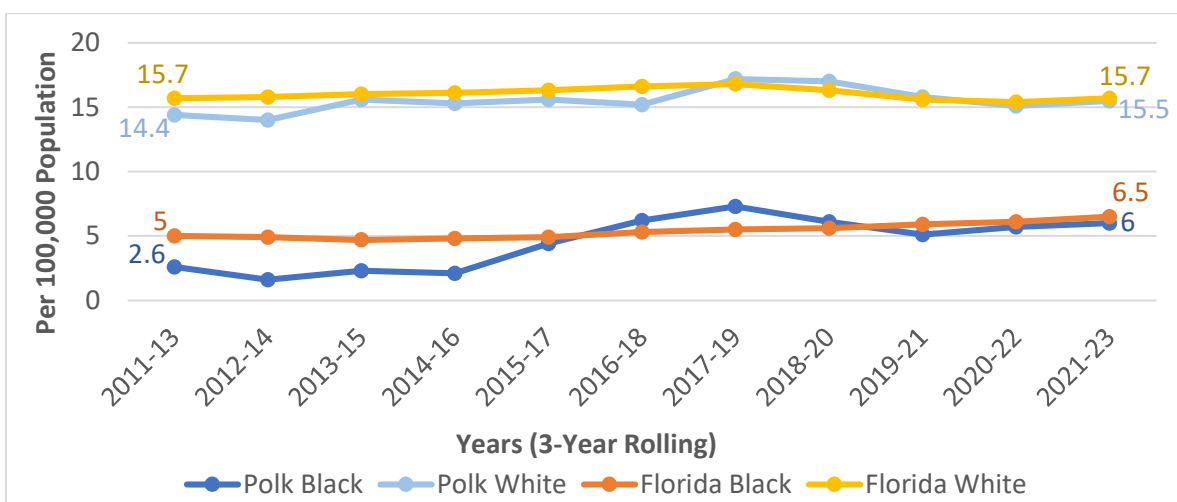
The suicide death rate in Polk has slightly increased over time while the suicide death rate across Florida has remained relatively the same.

Figure 159. Age-Adjusted Suicide Death Rate by Race

Age-Adjusted Suicide Death Rate by Race 3-year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	15.5	6.0	15.7	6.5

The age-adjusted suicide death rate is more than two times lower among the Black population in Polk (6.0 per 100,000) and Florida (6.5 per 100,000), compared to the White population in Polk (15.5 per 100,000) and Florida (15.7 per 100,000).

Figure 160. Age-Adjusted Suicide Death Rate by Race Over Time



Historically, suicide death rates have been lower among the Black population than the White population in both Polk County and across Florida.

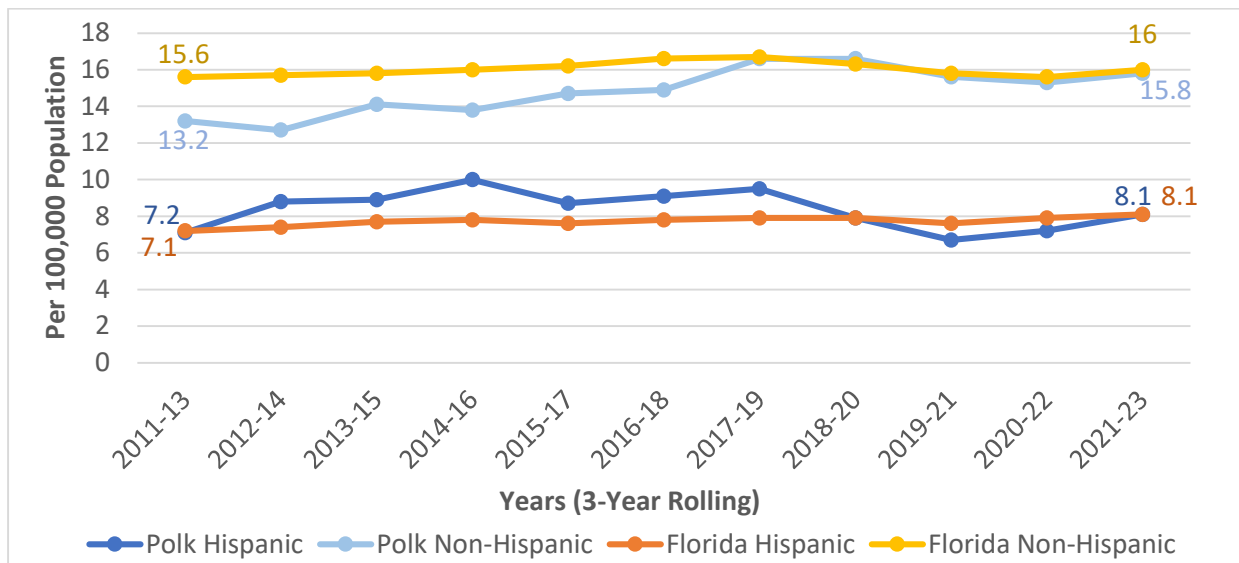
Sources: FDOH Bureau of Vital Statistics

Figure 161. Age-Adjusted Suicide Death Rate by Ethnicity

Age-Adjusted Suicide Death Rate by Ethnicity 3-year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	8.1	15.8	8.1	16.0

The age-adjusted suicide death rate is almost two times lower among the Hispanic population in Polk (8.1 per 100,000) and Florida (8.1 per 100,000) compared to the non-Hispanic population in Polk (15.8 per 100,000) and Florida (16.0 per 100,000).

Figure 162. Age-Adjusted Suicide Death Rate by Ethnicity Over Time



Age-adjusted suicide death rates have historically been lower among the Hispanic population in both Polk and across Florida compared to the non-Hispanic population.

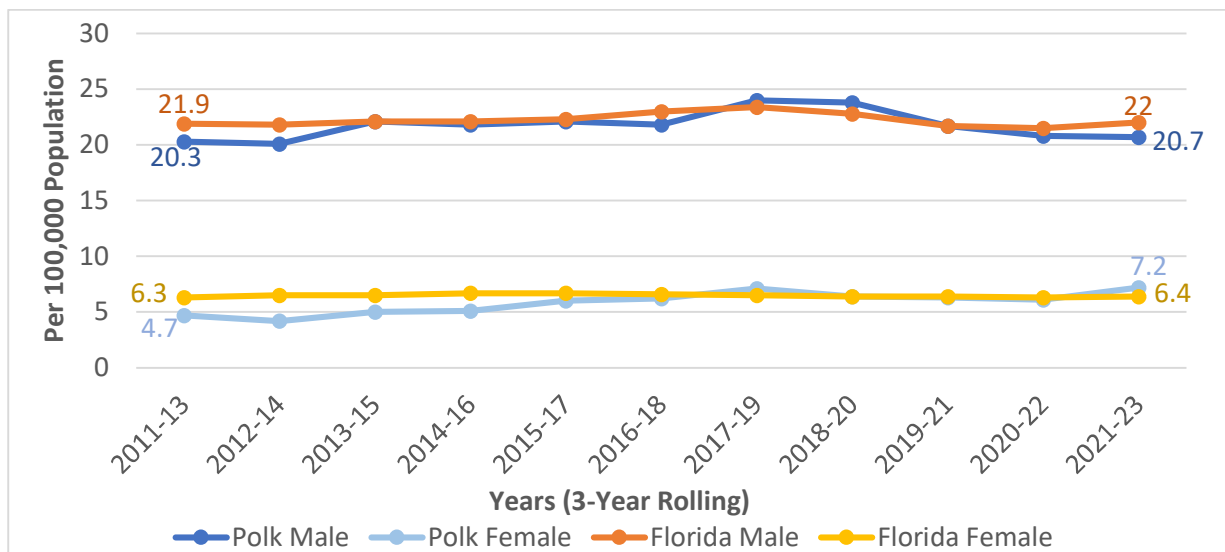
Sources: FDOH Bureau of Vital Statistics

Figure 163. Age-Adjusted Suicide Death Rate by Gender

Age-Adjusted Suicide Death Rate by Gender 3-year Rolling Rates per 100,000 Population				
Years	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2021-23	20.7	7.2	22.0	6.4

The age-adjusted suicide death rate is about three times higher among the male population in Polk (20.7 per 100,000) and Florida (22.0 per 100,000) compared to the female population in Polk (7.2 per 100,000) and Florida (6.4 per 100,000).

Figure 164. Age-Adjusted Suicide Death Rate by Gender Over Time



Age-adjusted suicide death rates have historically been higher among the male population in Polk and across Florida compared to the female population in Polk and across Florida; this is also consistent with national trends.

Source: FDOH Bureau of Vital Statistics

Access to Mental Health Care

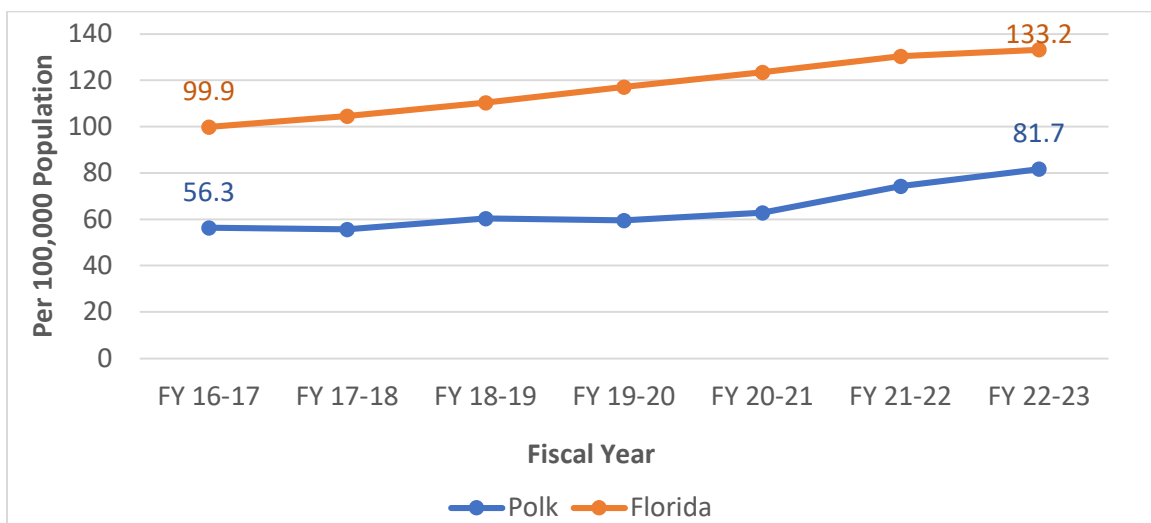
Figure 165. Access to Mental Health Care

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Behavioral/Mental Health Professionals*	Per 100,000	FY 2022-23	647	3	81.7	133.2
Licensed Mental Health Counselors (LMHCs)	Per 100,000	FY 2022-23	379	2	47.9	65.4
Licensed Psychologists	Per 100,000	FY 2022-23	58	3	7.3	23.9
Licensed Clinical Social Workers (LCSWs)	Per 100,000	FY 2022-23	238	3	30.1	56.4
Adult Psychiatric Beds	Per 100,000	2023	102	-	12.9	29.9
Child and Adolescent Psychiatric Beds	Per 100,000	2023	12	-	1.5	3.1

* Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure. Reflects the count of licensed professionals with active, clear licenses with in-state mailing addresses.

Overall, Polk has a lower rate of behavioral and mental health professionals (81.7 per 100,000) compared to the State of Florida (133.2 per 100,000), including lower rates of Licensed Mental Health Counselors or LMHCs (Polk = 47.9 per 100,000 vs FL = 65.4 per 100,000) and Licensed Clinical Social Workers or LCSWs (Polk = 30.1 per 100,000 vs FL = 56.4 per 100,000). Additionally, the rate of Licensed Psychologists is more than three times lower in Polk (7.3 per 100,000) than across Florida (23.9 per 100,000). Rates of child and adolescent psychiatric beds (Polk = 1.5 per 100,000 vs FL = 3.1 per 100,000) and adult psychiatric beds (Polk = 12.9 per 100,000 vs FL = 29.9 per 100,000) are also two times lower in Polk than across the State of Florida.

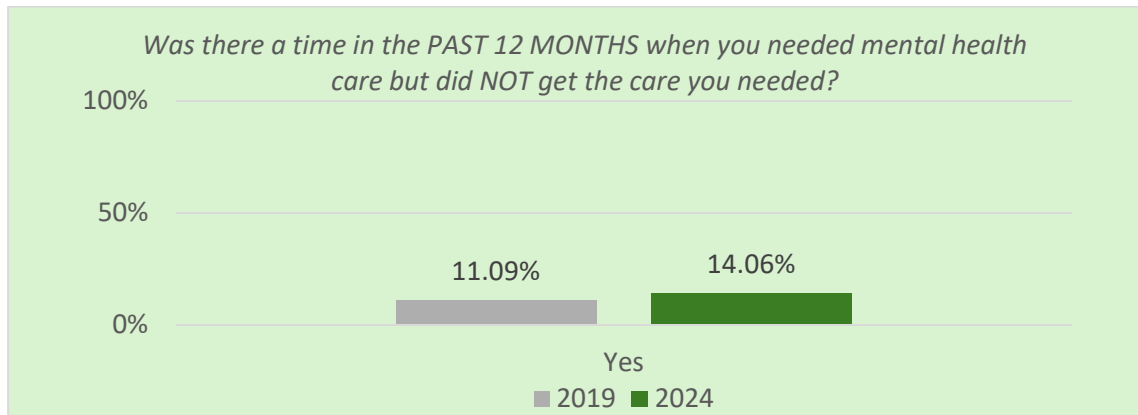
Figure 166. Behavioral/Mental Health Professionals Over Time



Although Polk has consistently lower rates of behavioral and mental health professionals than the State, both rates have increased over time.

Source: FDOH Division of Medical Quality Assurance

Figure 167. Polk CHA Survey Respondents: Access to Mental Health Care (2019/2024 Comparison)



Between the 2019 and 2024 Polk CHA surveys, the percentage of respondents who reported there being a time in the past 12 months when they needed mental health care but did not receive care increased from about 11% (2019) to 14% (2024).

The top 5 reasons selected for not getting mental health care when needed were:

1. Do not have insurance to cover mental health care (36.6%)
2. Unable to afford to pay for care (34.7%)
3. Unable to find a doctor or counselor who takes my insurance (28.3%)
4. Unable to schedule an appointment when needed (27.5%)
5. Fear of judgement from family or community (22.7%)

Source: Polk County Community Health Survey, 2024

About Substance Use

Substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects. Substance use disorders (SUDs) occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. In 2022, more than one in six Americans aged 12 or older reported experiencing a SUD.

Substance Use Disorders (SUDs)

A substance use disorder (SUD) is a treatable, chronic disease characterized by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.

SUDs can range in severity from mild to severe and can affect people of any race, gender, income level, or social class. No single driving factor leads to SUD. Some people may use drugs to help cope with stress and trauma or to help with mental health issues. Some may develop a SUD after taking opioids that are prescribed to them by doctors. In any case, using drugs over time may cause changes in a person's brain, leading to intense cravings and continued use.

Sources: SAMHSA, 2024; CDC, 2024

About **55%** of the 2024 Polk CHA Survey respondents **agreed** with the statement, ***“Illegal drug use/ prescription medicine abuse is a problem in my community”***, while about 17% disagreed and 28% were not sure.

- 2024 Polk County CHA Survey

Tobacco Use

Smoking

Cigarette smoking is the leading preventable cause of disease, death, and disability in the United States. Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of people who smoke.

Diseases caused by smoking include:

- Cancer
- Heart disease and stroke
- Lung diseases
- Type 2 Diabetes
- Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis

Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.

Secondhand Smoke Exposure

There is no safe level of exposure to secondhand smoke. Secondhand smoke exposure contributes to over 40,000 deaths among nonsmoking adults and 400 deaths in infants across the U.S. each year. Even brief exposure can cause serious health problems. Secondhand smoke can cause coronary heart disease, stroke, and lung cancer in adults who do not smoke. Infants and young children are especially impacted by health problems caused by secondhand smoke because their bodies are still growing. Children exposed to secondhand smoke are at an increased risk for:

- Sudden infant death syndrome (SIDS)
- Acute respiratory infections, such as pneumonia and bronchitis
- Middle ear disease
- More frequent and severe asthma
- Respiratory symptoms
- Slowed lung growth

Smokeless Tobacco

Smokeless tobacco (e.g., chewing tobacco, snuff, snus, or “dip”) is also associated with many health problems, including nicotine addiction. Nicotine affects the developing brain, making it more likely for young people who use smokeless tobacco to also use cigarettes.

Many smokeless tobacco products contain cancer-causing chemicals. Smokeless tobacco causes cancer of the mouth, esophagus, and pancreas. Smokeless tobacco is also associated with diseases of the mouth and can lead to white or gray patches inside the mouth (leukoplakia) that can lead to cancer, as well as gum disease, tooth decay, and tooth loss.

Using smokeless tobacco also increases the risk for death from heart disease and stroke, as well as cause nicotine poisoning in children. Smokeless tobacco use during pregnancy can increase the risk for early delivery and stillbirth. When smokeless tobacco products are used during pregnancy the nicotine can affect how a baby’s brain develops before birth.

Electronic Cigarettes (E-Cigarettes)

E-cigarettes, also known as vapes, are battery-operated devices that heat a liquid and produce an aerosol. Most e-cigarettes contain nicotine, which is highly addictive and is a health danger, especially for pregnant people, developing fetuses, and youth.

Aerosol from e-cigarettes can also contain harmful and potentially harmful substances. These include cancer-causing chemicals and tiny particles that can be inhaled deep into lungs.

E-cigarettes should not be used by youth, young adults, or people who are pregnant. E-cigarettes may have the potential to benefit adults who smoke and are not pregnant if used as a complete substitute for all smoked tobacco products.

Scientists still have a lot to learn about the short- and long-term health effects of using e-cigarettes.

Source: CDC, 2024

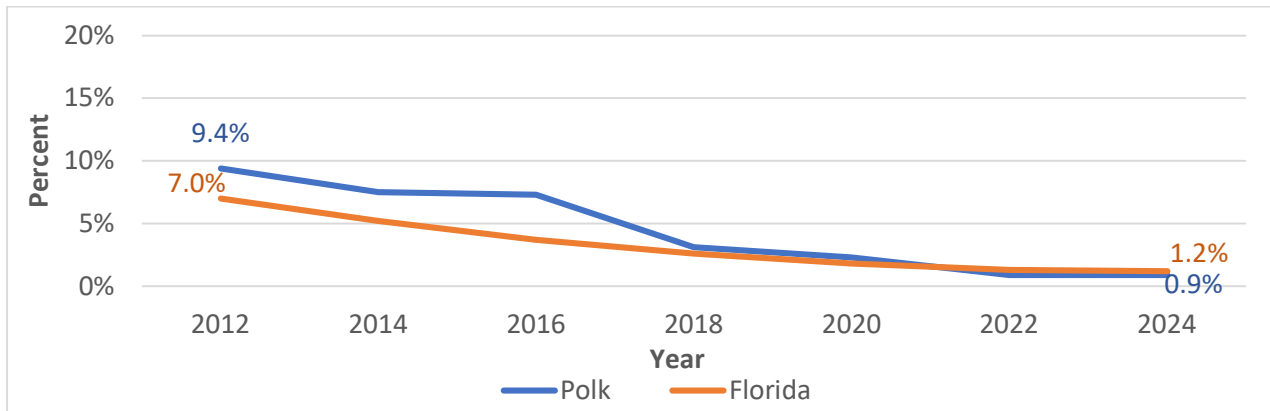
Figure 168. Youth Tobacco Use

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Percent of students who have smoked cigarettes in the past 30 days¹					
Middle + High school	Percent	2024	1	0.9%	1.2%
Middle school	Percent	2024	1	0.5%	0.6%
High school	Percent	2024	1	1.2%	1.6%
Percent of students who have used smokeless tobacco in the past 30 days¹					
Middle + High school	Percent	2024	1	0.5%	1.2%
Middle school	Percent	2024	1	0.4%	0.8%
High school	Percent	2024	1	0.6%	1.5%
Percent of students who have used cigars in the past 30 days¹					
Middle + High school	Percent	2024	1	1.0%	1.6%
Middle school	Percent	2024	1	0.7%	0.9%
High school	Percent	2024	1	1.9%	1.8%
Percent of Students who vaped Nicotine in the Past 30 Days²					
Middle + High School	Percent	2022	2	10.4%	9.7%
Middle School	Percent	2022	2	6%	5.5%
High School	Percent	2022	2	13.6%	12.7%

Current (past 30 day) use of tobacco products among youth is lower in Polk for cigarette (0.9%), smokeless tobacco (0.5%), and cigar (1.0%) use compared to all Florida youth (cigarettes = 1.2%; smokeless tobacco = 1.2%; cigar = 1.6%). Conversely, the rate of youth nicotine vaping is slightly higher in Polk (10.4%) than across the State of Florida (9.7%).

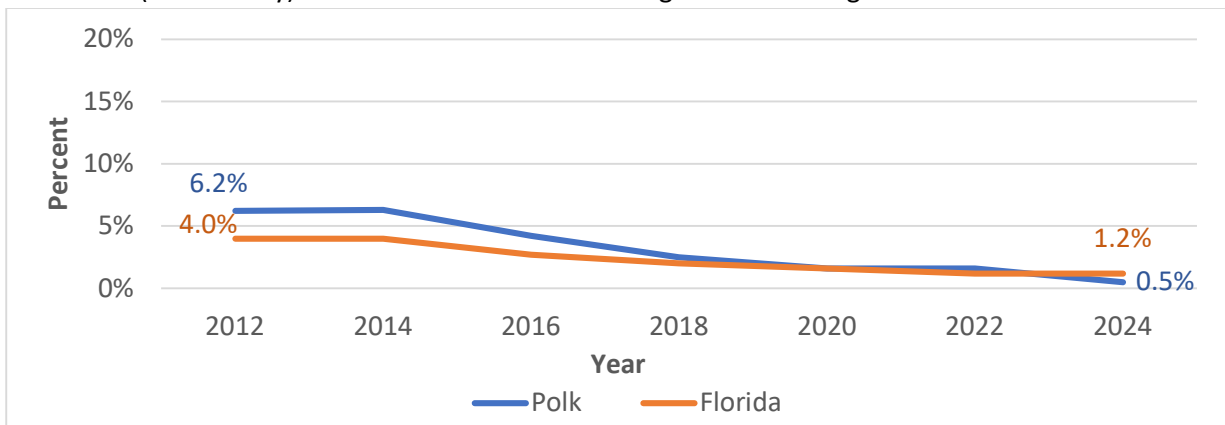
Sources: ¹FYTS; ²FYSAS

Figure 169. Current (Past 30 Day) Cigarette Use among Middle and High School Students Over Time



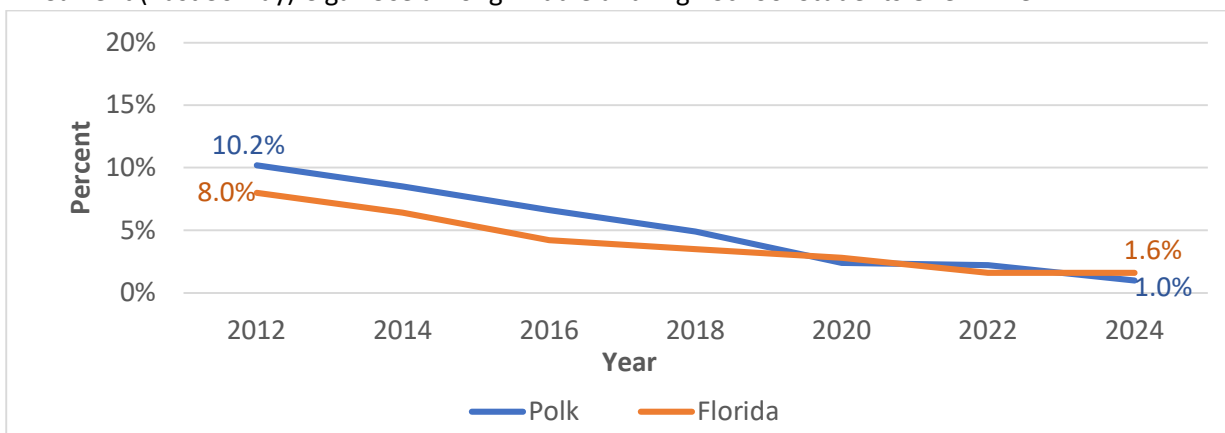
The percentage of middle and high school students who currently smoke cigarettes has significantly decreased across Polk County and Florida over time.

Figure 170. Current (Past 30 Day) Smokeless Tobacco Use among Middle and High School Students Over Time



The percentage of middle and high school students who currently use smokeless tobacco has also decreased across Polk County and Florida over time.

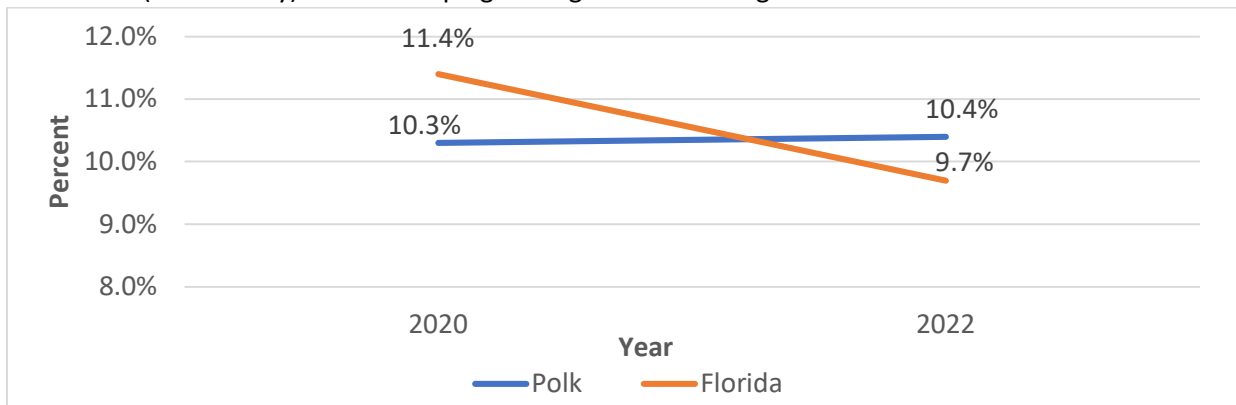
Figure 171. Current (Past 30 Day) Cigar Use among Middle and High School Students Over Time



The percentage of middle and high school students who currently use cigars has also significantly decreased across both Polk County and Florida over time.

Source: FYTS

Figure 172. Current (Past 30 Day) Nicotine Vaping among Middle and High School Students Over Time



The percentage of Polk County middle and high school students who currently vape nicotine has remained relatively the same (~10%) between 2020 and 2022 while the percentage among all Florida middle and high school students has decreased.

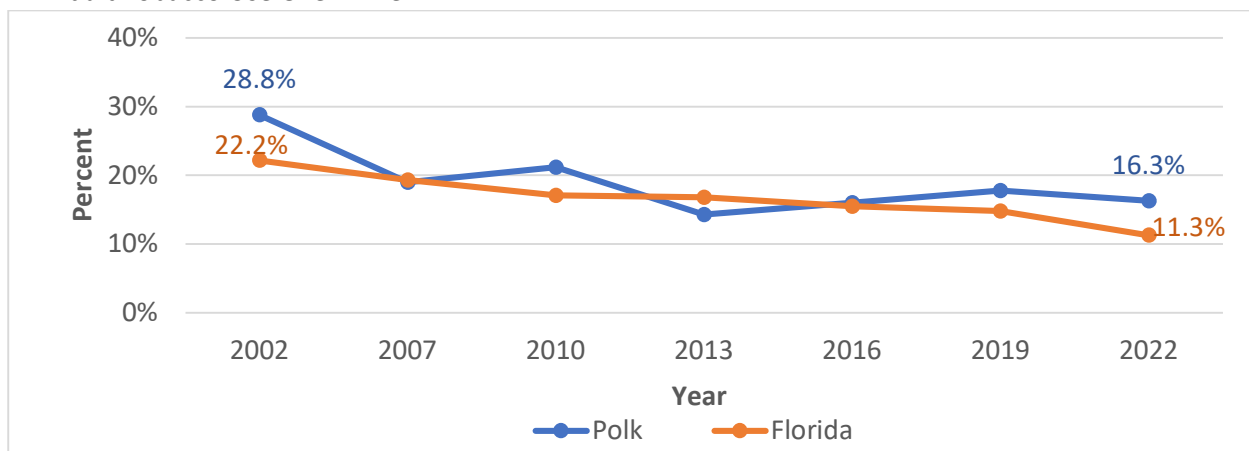
Source: FYTS

Figure 173. Adult Tobacco Use

Indicator	Measure	Year	Polk	Florida	HP 2030 Goal
Adults who are current smokers	Percent	2022	16.3%	11.3%	6.1%

The percentage of Polk County adults who are current smokers (16.3%) is higher than the percentage of current smokers among all Florida adults (11.3%).

Figure 174. Adult Tobacco Use Over Time



Tobacco use among adults in Polk and across the State of Florida has decreased over time.

Source: CDC PLACES; BRFSS

Alcohol Use

The liver can only process small amounts of alcohol. Alcohol can harm the liver and other organs as it moves through the body. Using alcohol excessively on occasion or over time can have immediate and long-term health risks.

Moderate drinking is defined as having one drink or less in a day for women, or two drinks or less in a day for men. According to the 2025 U.S. Surgeon General's Advisory on *Alcohol and Cancer Risk*, even moderate drinking can have negative consequences, including increased risk for several types of cancers such as breast (in women), mouth, and throat. The more alcohol consumed, the greater the risk of cancer.

Excessive alcohol use is a term used to describe four ways that people drink alcohol that can negatively impact health. Excessive alcohol use includes:

- Binge drinking—Four or more drinks for women, or five or more drinks for men during an occasion.
- Heavy drinking—Eight or more drinks for women, or 15 or more drinks for men during a week.
- Underage drinking—any alcohol use by people younger than 21.
- Drinking while pregnant—any alcohol use during pregnancy.

Effects of Short-Term Alcohol Use

Drinking excessively on an occasion can lead to these harmful health effects:

- Injuries—motor vehicle crashes, falls, drownings, and burns.
- Violence—homicide, suicide, sexual violence, and intimate partner violence.
- Alcohol poisoning—high blood alcohol levels that affect body functions like breathing and heart rate.
- Overdose—from alcohol use with other drugs, like opioids.
- Sexually transmitted infections or unplanned pregnancy—alcohol use can lead to sex without protection, which can cause these conditions.
- Miscarriage, stillbirth, or fetal alcohol spectrum disorder (FASD)—from any alcohol use during pregnancy.

Effects of Long-Term Alcohol Use

Drinking any alcoholic beverages, including red and white wine, beer, and liquor, is linked with cancer. Alcohol consumption is the third leading preventable cause of cancer in the United States, after tobacco and obesity. More than 20,000 people die from alcohol-related cancers each year in the United States.

Excessive alcohol use can also lead to other chronic diseases, such as:

- High blood pressure
- Heart disease
- Liver disease
- Stroke
- Alcohol use disorder – this affects both physical and mental health
- Digestive problems
- Weaker immune system – increasing your chances of getting sick
- Social and wellness issues, such as:
 - Mental health conditions, including depression and anxiety.
 - Learning problems, and issues at school or work.
 - Memory problems, including dementia.
 - Relationship problems with family and friends

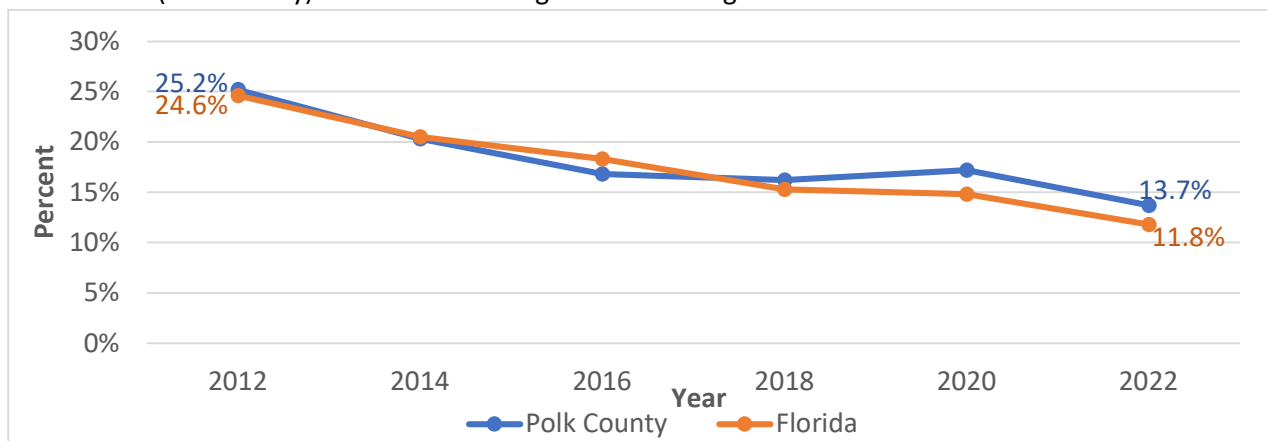
Sources: CDC, 2024; Office of the Surgeon General, 2025

Figure 175. Youth Alcohol Use

Indicator	Measure	Year	Polk County		Florida
			Quartile	Rate	
Percent of students who used alcohol in the past 30 days					
Middle + High school	Percent	2022	3	13.7%	11.8%
Middle school	Percent	2022	3	8.3%	6.7%
High school	Percent	2022	3	17.7%	15.5%
Percent of students who report engaging in binge drinking					
Middle + High school	Percent	2022	3	6.6%	5.6%
Middle school	Percent	2022	3	4.6%	3.0%
High school	Percent	2022	2	8.1%	7.5%

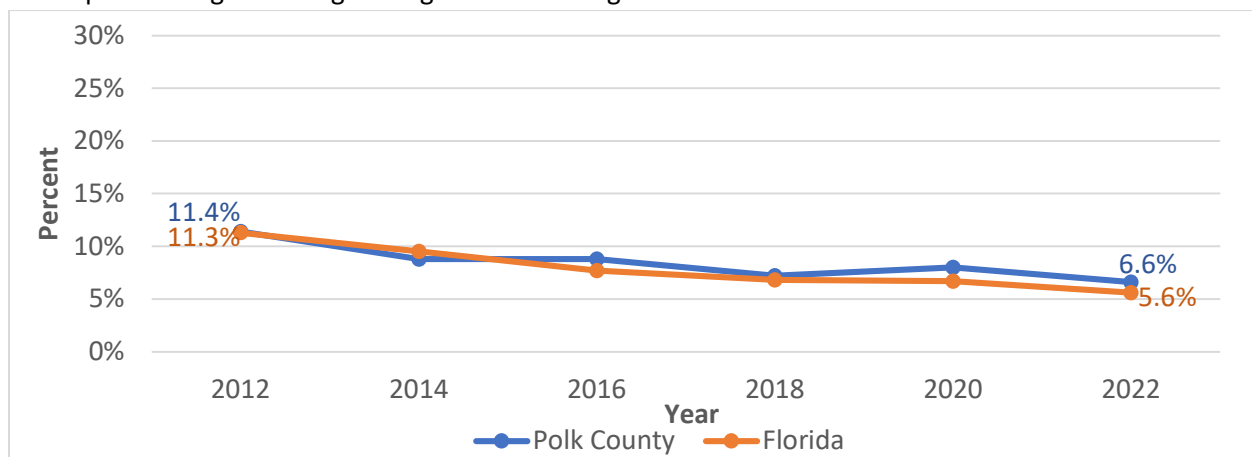
Current (past 30 day) alcohol use among middle and high school students is higher in Polk (13.7%) than across the State of Florida (11.8%). Similarly, current (past 30 day) binge drinking among middle and high school students is higher in Polk (6.6%) than across Florida (5.6%).

Figure 176. Current (Past 30 Day) Alcohol Use among Middle and High School Students Over Time



The percentage of Polk County middle and high school students who currently use alcohol has decreased over time. A similar decrease is seen among the statewide rate.

Figure 177. Reported Binge Drinking among Middle and High School Students Over Time



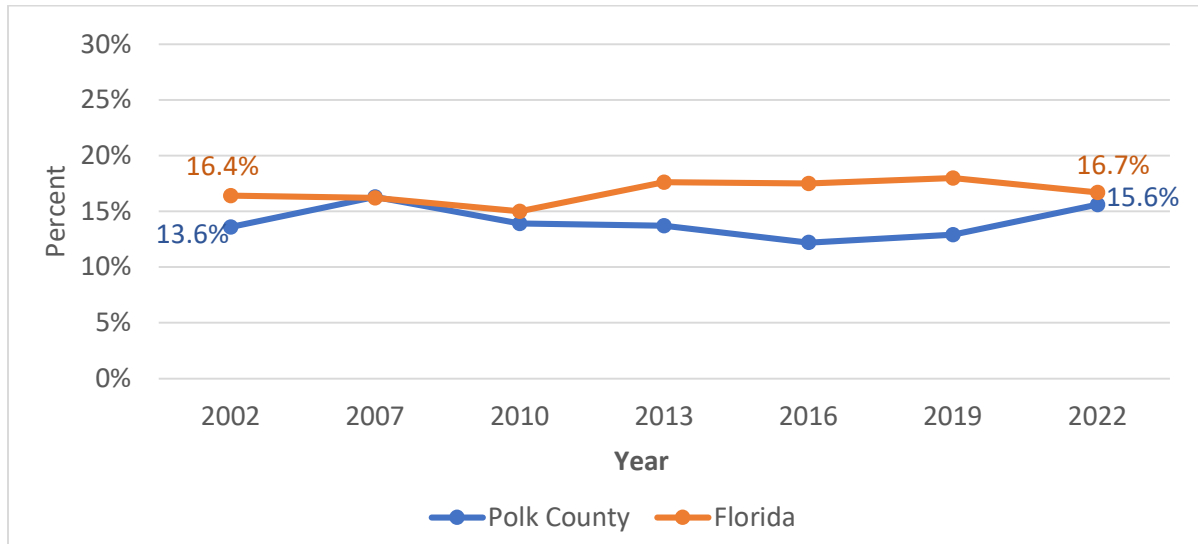
The percentage of Polk County middle and high school students who report binge drinking has decreased over time. A similar decrease is seen among the statewide rate.

Source: FYSAS

Figure 178. Alcohol Use Among Adults

Indicator	Measure	Year	Polk	Florida
Adults who engage in heavy or binge drinking	Percent	2022	15.6%	16.7%

Figure 179. Heavy or Binge Drinking among Adults Over Time



The percentage of Polk County adults who engage in heavy or binge drinking (15.6%) is lower than the statewide rate (16.7%) and has generally remained lower than the statewide rate over time. However, both the statewide and Polk County rates have increased over time.

Source: CDC PLACES and BRFSS

Marijuana Use

Marijuana is the most commonly used federally illegal drug in the United States, with an estimated 61.9 million people using it in 2022. Marijuana – also known as Cannabis – use may have a wide range of health effects on the body and brain.

There are health risks associated with using cannabis regardless of how it is used. These include:

- *Cannabis Use Disorder* – People who use cannabis can struggle with physical dependency and controlling their use. This is concerning as there is evidence suggesting the use of highly concentrated THC products is associated with more severe cannabis use disorder symptoms. THC – or tetrahydrocannabinol – is the compound responsible for most of cannabis’s psychoactive effects (or the “high”). While approximately 3 in 10 persons who report cannabis use have a cannabis use disorder, this figure is rising. Some signs and symptoms of cannabis use disorder include trying but failing to quit using cannabis or giving up important activities with friends and family in favor of using cannabis. The risk of developing cannabis use disorder is stronger in people who start using cannabis during youth or adolescence and those who use cannabis more frequently.
- *Brain Health* – Cannabis use directly affects brain function—specifically the parts of the brain responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time.
- *Heart Health* – Cannabis can make the heart beat faster and raise blood pressure immediately after use. It could also lead to increased risk of stroke, heart disease, and other vascular diseases.
- *Driving* – Cannabis, like alcohol, negatively affects several skills required for safe driving. Choose not to drive—and remind your friends and family to do the same—after using cannabis.
 - It can slow reaction time and ability to make decisions.
 - Cannabis can impair coordination and distort perception.
 - The use of multiple substances (such as cannabis and alcohol) at the same time can increase impairment.
 - Some studies have shown an association between cannabis use and car crashes; however, more research is needed.
- *Lung Health* – Smoked cannabis, regardless of how it is smoked, can harm lung tissues and cause scarring and damage to small blood vessels.
- *Mental Health* – Cannabis use has been linked to social anxiety, depression, and schizophrenia (a type of mental illness where people might see or hear things that aren’t really there), but scientists don’t yet fully understand the relationships between these mental health disorders and cannabis use.
- *Unintentional Poisoning* – Edibles, or food and drink products infused with cannabis, have some different risks than smoked cannabis, including a greater risk of poisoning. Some cannabis edibles have packaging designed to mimic the appearance of well-known branded snacks and candy that appeal to children, which increases the risk for unintentional ingestion. Children who consume THC-containing products can become very sick.

Source: CDC, 2024

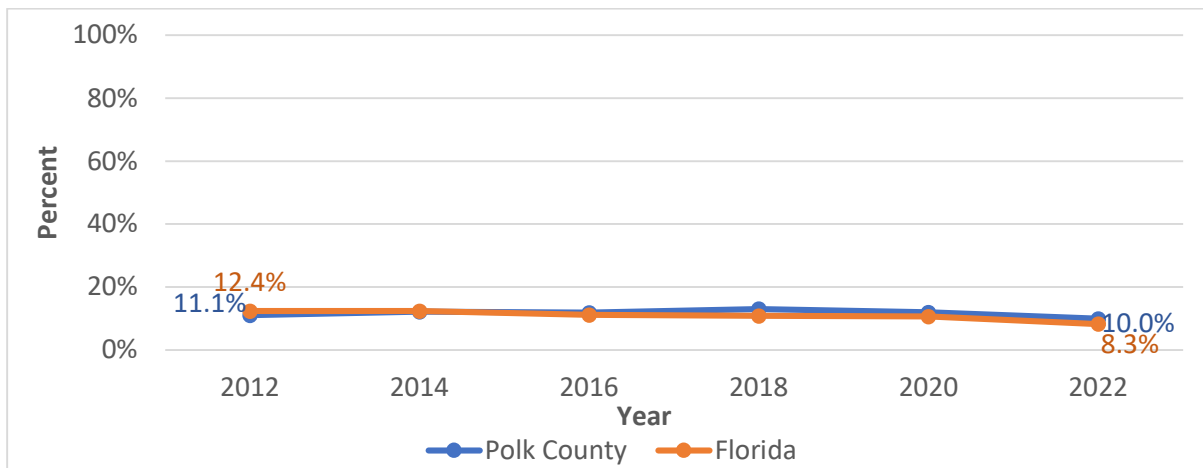
Figure 180. Current (Past 30 Day) Marijuana Use among Middle and High School Students

Indicator	Measure	Year	Polk County		Florida
			Quartile	Rate	
Percent of students using marijuana or hashish in the past 30 days					
Middle + High School	Percent	2022	3	10.0%	8.3%
Middle school	Percent	2022	2	3.0%	3.0%
High school	Percent	2022	3	15.0%	12.2%
Percent of students who have vaped marijuana in the past 30 days					
Middle + High School	Percent	2022	3	8.2%	6.8%
Middle school	Percent	2022	2	3.0%	2.9%
High school	Percent	2022	3	11.8%	9.7%

Current (past 30 day) marijuana or hashish use among middle and high school students is higher in Polk (10.0%) than across the State of Florida (8.3%). Similarly, current (past 30 day) marijuana vaping among middle and high school students is higher in Polk (8.2%) compared to the State of Florida (6.8%).

Source: FYSAS

Figure 181. Current (Past 30 Day) Marijuana Use among Middle and High School Students Over Time



In general, the percentage of Polk middle and high school students who currently use marijuana or hashish has declined over time. A similar decline is seen among the statewide rate.

Source: FYSAS

Medical Marijuana

In June 2014, Governor Rick Scott signed Florida’s Compassionate Medical Cannabis Act of 2014 into law, authorizing specified physicians to order low-THC cannabis for use by specified patients and requiring the Department of Health to create a compassionate use registry and an Office of Compassionate Use. Medical marijuana is available in Florida, however, remains illegal under federal law. For more information on medical marijuana in Florida, please visit the Florida Department of Health Office of Medical Marijuana Use (OMMU) online at: <https://knowthefactsmmj.com/>.

Opioid Use

Opioids are chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, illegally made fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, prescribed fentanyl, and many others. Other opioids that are not as commonly known, but carry the same risks, include Tylenol 1, 2, 3 and 4; Meperidine (Demerol), Tapentadol (Nucynta IR); Methadone; and Buprenorphine. Prescription opioids can be safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.

Anybody taking an opioid has a potential risk of overdosing. An overdose can occur even with proper use. Opioids can slow or stop breathing, leading to loss of consciousness or death. Signs of an opioid overdose include:

- Cannot wake up
- Slow irregular breaths or not breathing
- Body is limp
- Small or pinpoint pupils
- Snoring or gurgling
- Blue lips or fingernails

Source: CDC, 2024; Peace River Center, 2024

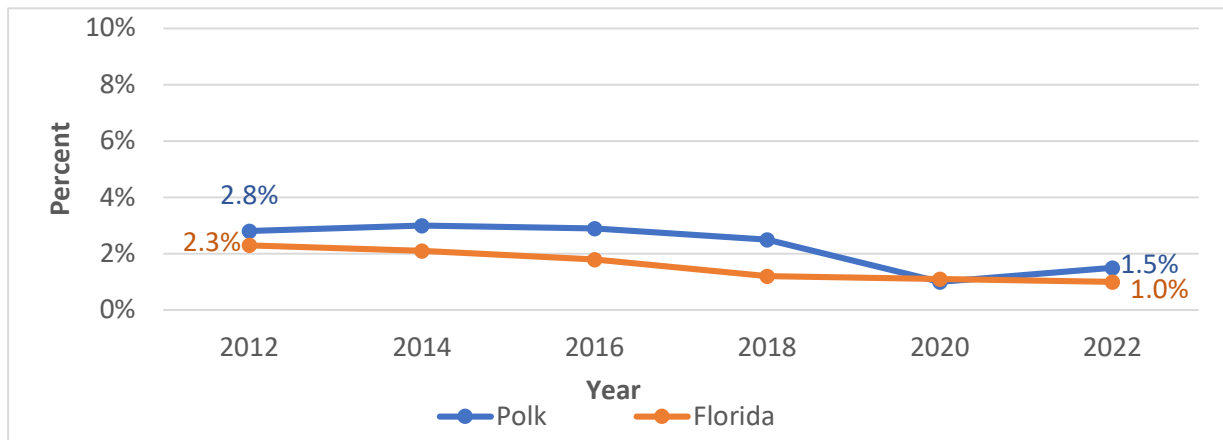
Figure 182. Current (Past 30 Day) Opioid Use among Middle and High School Students

Indicator	Measure	Year	Polk County		Florida
			Quartile	Rate	
Percent of students using prescription pain relievers without a doctor's prescription in the past 30 days					
Middle + High school	Percent	2022	4	1.5%	1.0%
Middle school	Percent	2022	4	2.2%	1.1%
High school	Percent	2022	2	0.9%	0.9%
Percent of students using heroin in the past 30 days					
Middle + High school	Percent	2022	-	0.2%	0.2%
Middle school	Percent	2022	-	0.4%	0.2%
High school	Percent	2022	-	0.0%	0.2%

Current (past 30 day) use of prescription pain relievers without a doctor's prescription among middle and high school students is higher in Polk (1.5%) than across the State of Florida (1.0%). Current (past 30 day) use of heroin among middle and high school students in Polk is similar to the statewide rate (0.2%).

Source: FYSAS

Figure 183. Current (Past 30 Day) Prescription Pain Reliever Use (Without a Doctor’s Prescription) Among Middle and High School Students Over Time



Current (past 30 day) prescription pain reliever use without a doctor’s prescription among Polk middle and high school students has decreased over time. A similar decline is seen among the statewide rate.

Source: FYSAS

Naloxone (Narcan)

Naloxone (Narcan, Evzio) is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications when given in time. Naloxone is easy to use and small to carry. It quickly reverses an overdose by blocking the effects of opioids on the brain. It can restore normal breathing within 2 to 3 minutes in a person whose breath has slowed or even stopped as a result of an overdose. Naloxone won’t harm someone if they’re overdosing on drugs other than opioids. Naloxone is available at all County Health Departments in Florida, including FDOH-Polk, to anyone over the age of 18. Select Peace River Center sites located throughout Polk also offer free Naloxone (Narcan) kits – no names or personal information asked.

Source: CDC, 2024; Peace River Center, 2024

Stimulant Use

Stimulants include drugs such as methamphetamine, other amphetamines, and cocaine. According to the Annual Medical Examiners Commission Drug Reports (2018-2023) on drugs identified in deceased persons, methamphetamine continues to be a predominant cause of drug overdose deaths and is the number one drug found in deceased persons in Polk.

Methamphetamine is a highly addictive central nervous system stimulant. In addition to risking becoming addicted to methamphetamine, people who use methamphetamine long-term may experience a range of negative health outcomes, including damage to the heart and brain, anxiety, confusion, insomnia, mood disturbances, and violent behavior. In recent years, methamphetamine-involved overdoses have been increasing in the United States across many demographic groups. Adults with limited income, those on Medicaid, people who are uninsured, those with lower education status, males, middle-aged adults, and people who live in rural areas are at increased risk for methamphetamine use.

Sources: CDC, 2024; FDLE, 2018-2023

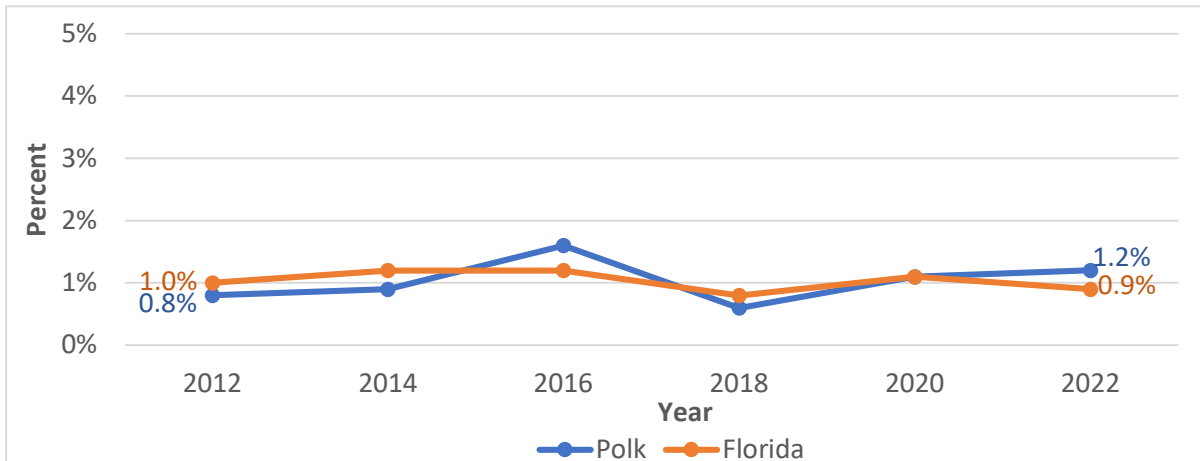
Figure 184. Current (Past 30 Day) Stimulant Use among Middle and High School Students

Indicator	Measure	Year	Polk County		Florida
			Quartile	Rate	
Current Prescription Amphetamines Use Without Doctor's Orders Among Students					
Middle + High school	Percent	2022	3	1.2%	0.9%
Middle school	Percent	2022	4	1.2%	0.7%
High school	Percent	2022	3	1.2%	1.1%
Current Methamphetamine Use among Students					
Middle + High school	Percent	2022	1	0.1%	0.3%
Middle school	Percent	2022	-	0.0%	0.3%
High school	Percent	2022	-	0.3%	0.3%
Current Cocaine or Crack Cocaine Use among Students					
Middle + High school	Percent	2022	-	0.3%	0.3%
Middle school	Percent	2022	-	0.0%	0.2%
High school	Percent	2022	-	0.6%	0.3%

Current (past 30 day) prescription amphetamine use without a doctor's orders among middle and high school students is slightly higher in Polk (1.2%) than across the State of Florida (0.9%). Conversely, current (past 30 day) methamphetamine use among middle and high school students is slightly lower in Polk (0.1%) than across the state (0.3%). Current cocaine or crack cocaine use among middle and high school students is similar across Polk and Florida (0.3%).

Source: FYSAS

Figure 185. Current (Past 30 Day) Prescription Amphetamine Use without a Doctor’s Orders among Middle and High School Students Over Time



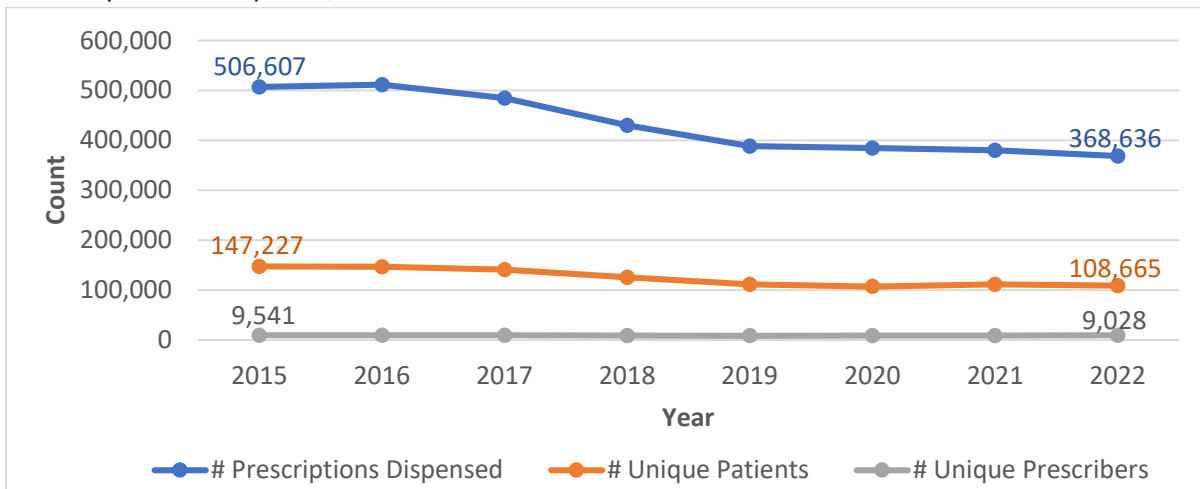
Current prescription amphetamine use without a doctor’s orders among Polk middle and high school students slightly increased over time while use among students statewide have slightly decreased.

Source: Florida AHCA

Prescription Drug Monitoring Program

Programs like Florida’s Prescription Drug Monitoring Program (known as E-FORCSE or Electronic-Florida Online Reporting of Controlled Substance Evaluation) help keep track and regulate the prescribing and dispensing of controlled substance medications. Increased regulations have had a direct, measurable impact on the opioid epidemic. However, there has been a shift to the use of illicit opioids in many patients who had previously misused prescription substances.

Figure 186. Polk Opioid Prescriptions, Patients and Prescribers Over Time*

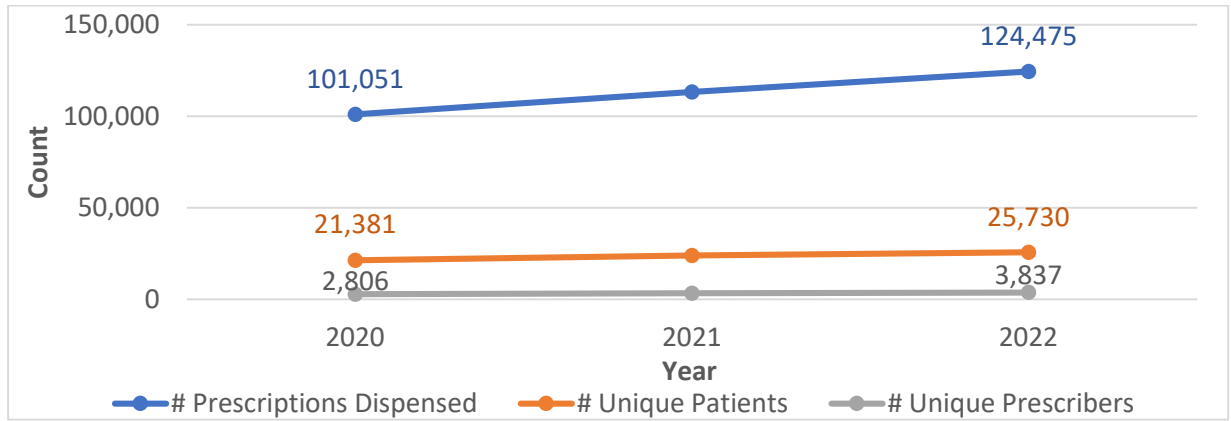


* Provisional data (subject to change). Data last retrieved 2/14/2025.

The number of opioid prescriptions dispensed in Polk, as well as the number of unique patients receiving and unique prescribers prescribing opioids, have all decreased over time.

Source: FDOH Prescription Drug Monitoring Program (E-FORCSE)

Figure 187. Polk Stimulant Prescriptions, Patients and Prescribers Over Time*



* Provisional data (subject to change). Data last retrieved 2/14/2025.

Stimulant prescriptions, patients and prescribers have all increased since 2020.

Source: FDOH Prescription Drug Monitoring Program (E-FORCSE)

Drug-related Consequences

All drug use comes with risk. Different drugs pose different dangers including dependence and addiction, injury and accidents, health problems, sleep issues, and more. Drug use among adults is on the rise and the COVID-19 pandemic has increased drug use. Drug-related consequences presented in this section include:

- Drug overdose
- Drug and alcohol-confirmed motor vehicle traffic crashes, injuries and fatalities
- Drug arrests
- Neonatal Abstinence Syndrome

Source: SAMHSA, 2024

Drug Overdose

The following data on drug overdoses is provisional and subject to change. Some provisional data is also currently available for the years 2023 and 2024, however, are not included within this report due to incomplete data reporting at the time this report is scheduled to be published. For up-to-date counts, visit the Substance Use Dashboard available on www.FLHealthCHARTS.gov.

Figure 188. Drug Overdose*

Indicator	Measure	Year	Polk County			Florida
			Count	Quartile	Rate	
<u>Emergency Medical Service (EMS) Responses to Suspected Non-fatal Drug Overdose¹</u>						
Suspected All Drug Overdoses	Count	2022	2,646	-	-	105,490
Opioid-involved	Percent	2022	825	-	31.2%	40,544
<u>ED Visits from Non-fatal Drug Overdose²</u>						
All Drug Overdoses	Count	2022	1,357	-	-	45,897
Opioid-involved	Percent	2022	441	-	32.5%	19,782
Heroin-involved	Percent	2022	114	-	8.4%	3,722
Stimulant-involved	Percent	2022	53	-	3.9%	2,268
<u>Hospitalizations from Non-fatal Drug Overdose²</u>						
All Drug Overdoses	Count	2022	893	-	-	28,195
Opioid-involved	Percent	2022	227	-	25.4%	8,305
Heroin-involved	Percent	2022	33	-	3.7%	907
Stimulant-involved	Percent	2022	122	-	13.7%	4,209
<u>Annual Age-Adjusted Drug Overdose Death Rate³</u>						
All Drug Overdoses	Per 100,000	2022	280	3	37.3	35.9
Opioid-involved	Per 100,000	2022	141	2	19.6	29.0

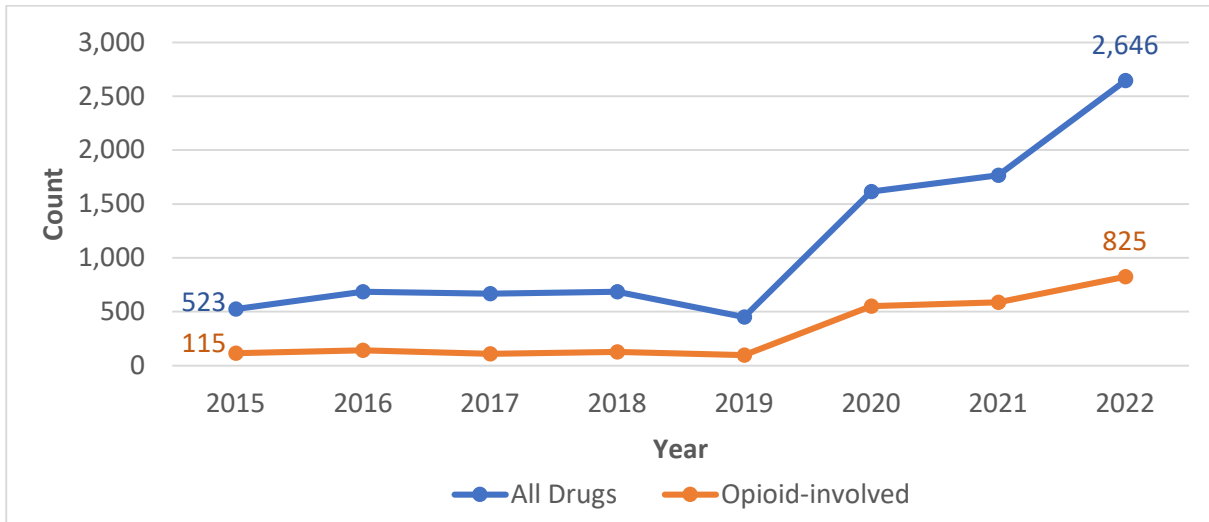
*Provisional data (subject to change). Data last retrieved 2/17/2025.

In 2022, EMS in Polk responded to 2,646 suspected non-fatal drug overdoses. Of the 2,646 responses, 31.2% were suspected opioid-involved overdoses. That same year, there were 1,357 ED visits and 893 hospitalizations from non-fatal

drug overdoses. Of the 1,357 ED visits, 32.5% were opioid-involved, 8.4% were heroin-involved, and 3.9% were stimulant-involved. Of the 893 hospitalizations, 25.4% were opioid-involved, 3.7% were heroin-involved, and 13.7% were stimulant-involved. The annual age-adjusted drug overdose death rate is higher in Polk (37.3 per 100,000) compared to the State of Florida (35.9 per 100,000), however, the annual age-adjusted opioid overdose death rate is lower in Polk (19.6 per 100,000) compared to the statewide rate (29.0 per 100,000).

Sources: ¹Florida EMSTARS; ²Florida AHCA; ³FDLE

Figure 189. Polk EMS Responses to Suspected Non-fatal Drug Overdoses Over Time*

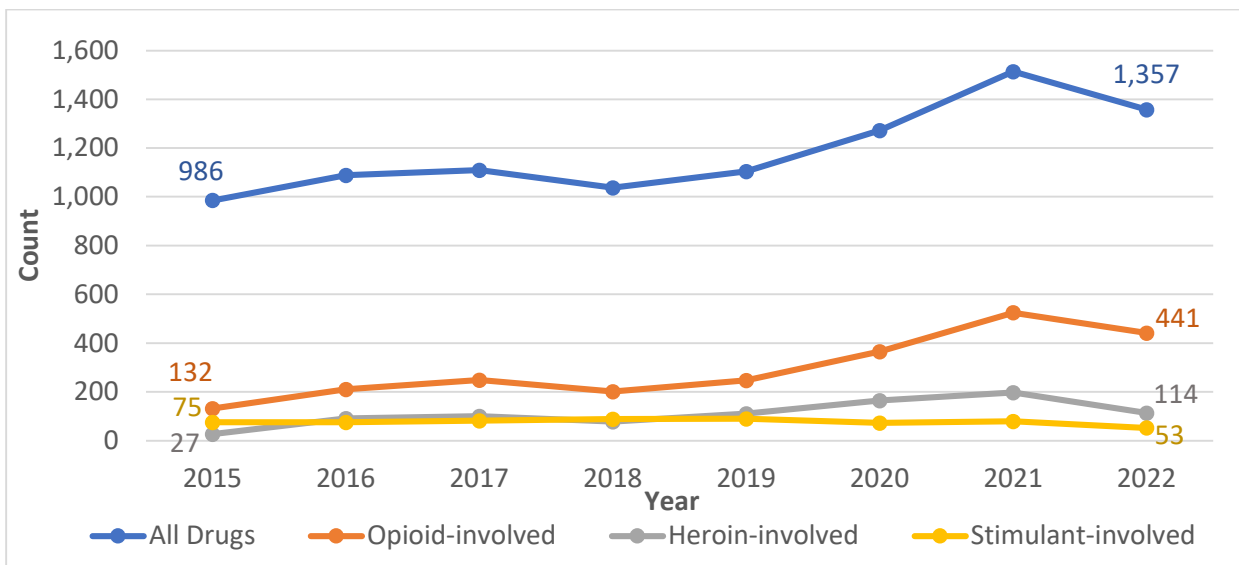


* Provisional data (subject to change). Data last retrieved 2/14/2025.

EMS responses to suspected non-fatal all drug and opioid-involved overdoses have increased in Polk over time.

Source: Florida EMSTARS

Figure 190. Polk ED Visits from Non-fatal Drug Overdoses Over Time*

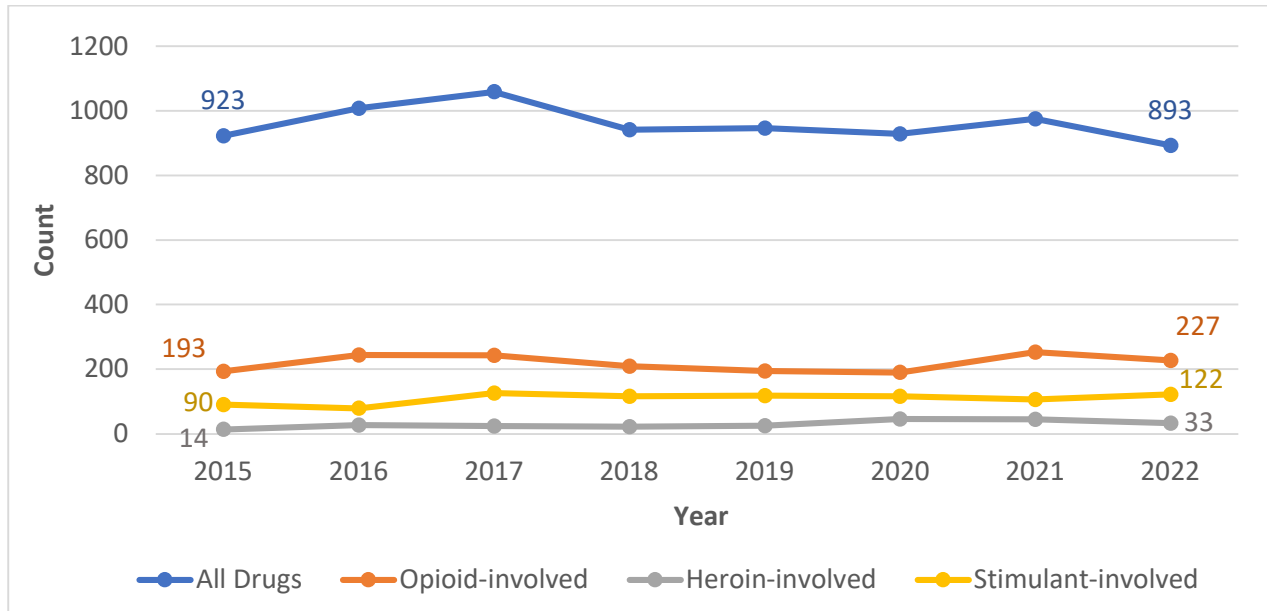


* Provisional data (subject to change). Data last retrieved 2/14/2025.

ED visits from non-fatal all drug, opioid-involved, and heroin-involved overdoses have increased in Polk while stimulant-involved non-fatal overdose ED visits have decreased in Polk over time.

Source: Florida AHCA

Figure 191. Polk Hospitalizations from Non-fatal Drug Overdoses Over Time*

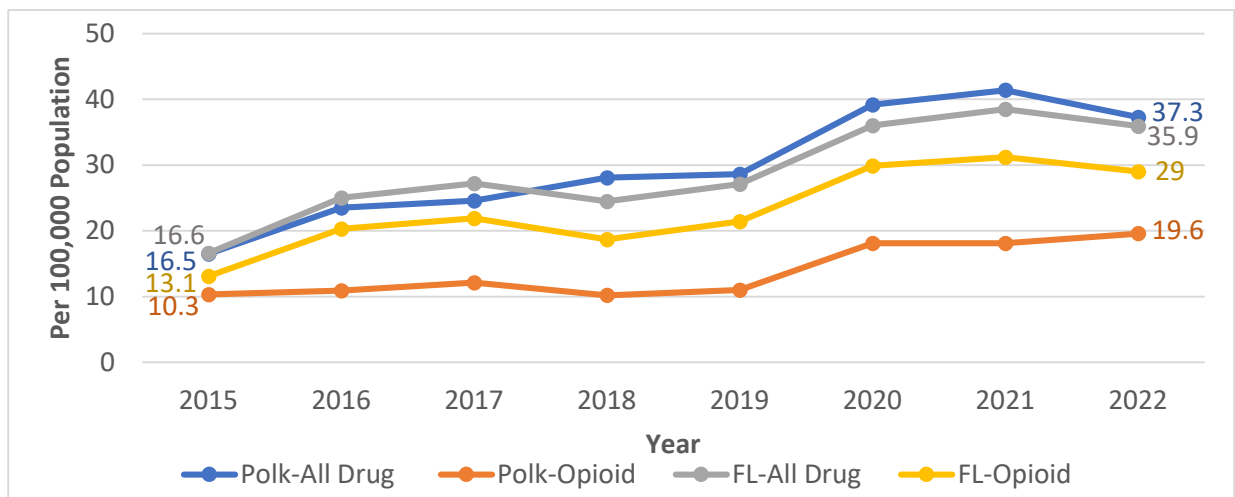


* Provisional data (subject to change). Data last retrieved 2/14/2025.

Hospitalizations from non-fatal opioid-involved, heroin-involved, and stimulant-involved overdoses have increased in Polk while all drug non-fatal overdose hospitalizations have decreased over time.

Source: Florida AHCA

Figure 192. Age-adjusted All Drug and Opioid Overdose Deaths Over Time* (County/State Comparison)



* Provisional data (subject to change). Data last retrieved 2/14/2025.

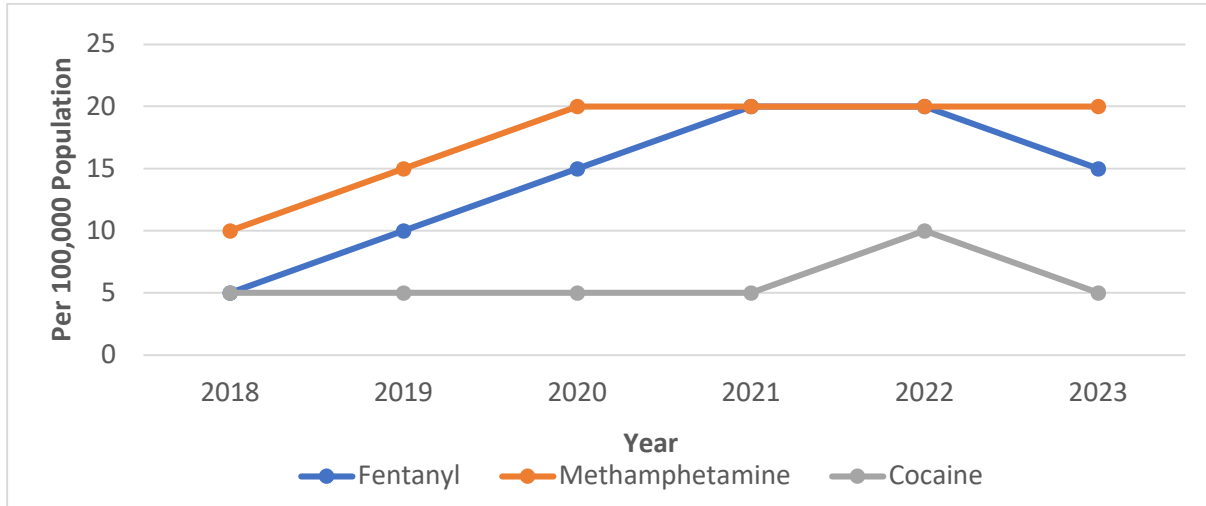
Age-adjusted drug and opioid overdose death rates have increased in Polk and across the State of Florida over time. While the rate of opioid overdose deaths has been consistently lower in Polk than across the State, the rate of all drug overdose deaths have been higher in Polk than across the State since 2018.

Source: FDLE

Drugs in Deceased Persons

The Medical Examiners Commission Drug Report is an annual publication by the Florida Department of Law Enforcement (FDLE) that provides information about drugs identified in deceased persons by Florida medical examiners. From the 2018-2023 reports, 3 drugs had at least 1 annual rate range above 5 occurrences per 100,000 population. These drugs are fentanyl, methamphetamine, and cocaine.

Figure 193. Polk Drugs in Deceased Persons Over Time



Since 2018, the most commonly found drug in deceased persons in Polk was methamphetamine, followed closely by fentanyl.

Source: FDLE

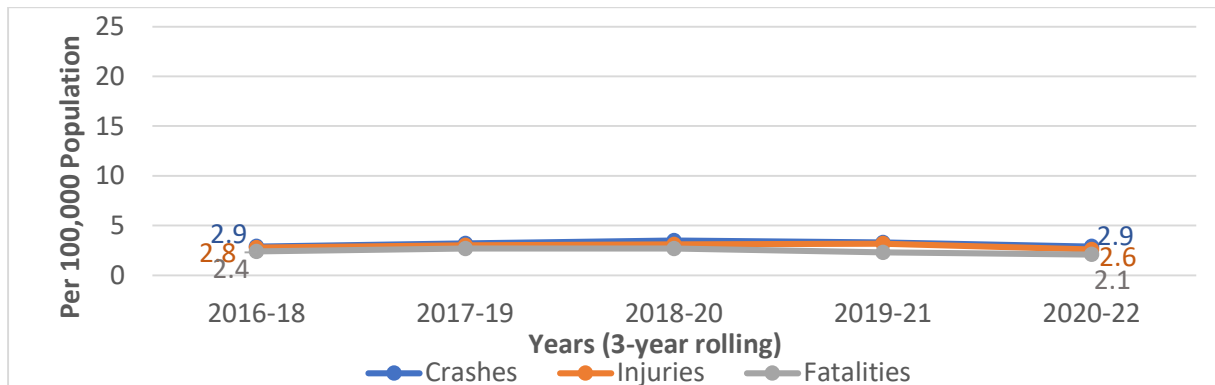
Drug and Alcohol-confirmed Traffic Crashes, Injuries and Fatalities

Figure 194. Drug and Alcohol-Confirmed Traffic Crashes, Injuries and Fatalities

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Quartile	Rate	
<u>Drug-confirmed</u> Traffic Crashes					
Crashes	Per 100,000	2020-22	2	2.9	3.1
Injuries	Per 100,000	2020-22	2	2.6	2.5
Fatalities	Per 100,000	2020-22	2	2.1	1.8
<u>Alcohol-confirmed</u> Traffic Crashes					
Crashes	Per 100,000	2020-22	2	23.8	22.6
Injuries	Per 100,000	2020-22	2	15.7	13.2
Fatalities	Per 100,000	2020-22	3	2.7	1.8

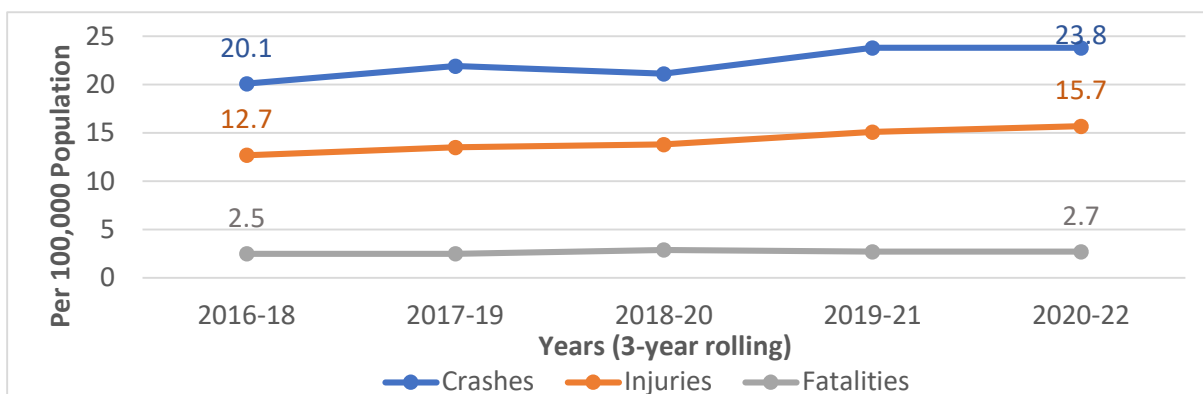
Rates of drug-confirmed motor vehicle traffic crashes, injuries and fatalities in Polk (crashes = 2.9 per 100,000; injuries = 2.6 per 100,000; fatalities = 2.1 per 100,000) are similar to the rates across the State of Florida (crashes= 3.1 per 100,000; injuries = 2.5 per 100,000; fatalities = 1.8 per 100,000). However, rates of alcohol-confirmed motor vehicle traffic crashes, injuries, and fatalities are higher in Polk (crashes = 23.8 per 100,000; injuries = 15.7 per 100,000; fatalities = 2.7 per 100,000) compared to the State of Florida (crashes = 22.6 per 100,00; injuries = 13.2 per 100,000; deaths = 1.8 per 100,000).

Figure 195. Polk Drug-confirmed Traffic Crashes, Injuries and Fatalities Over Time



Drug-confirmed traffic crashes, injuries and fatalities in Polk have remained relatively stable over time.

Figure 196. Polk Alcohol-confirmed Traffic Crashes, Injuries and Fatalities Over Time



Alcohol-confirmed traffic crashes and injuries in Polk have increased while fatalities have remained relatively stable over time.

Source: Florida Department of Highway Safety and Motor Vehicles (DHSMV)

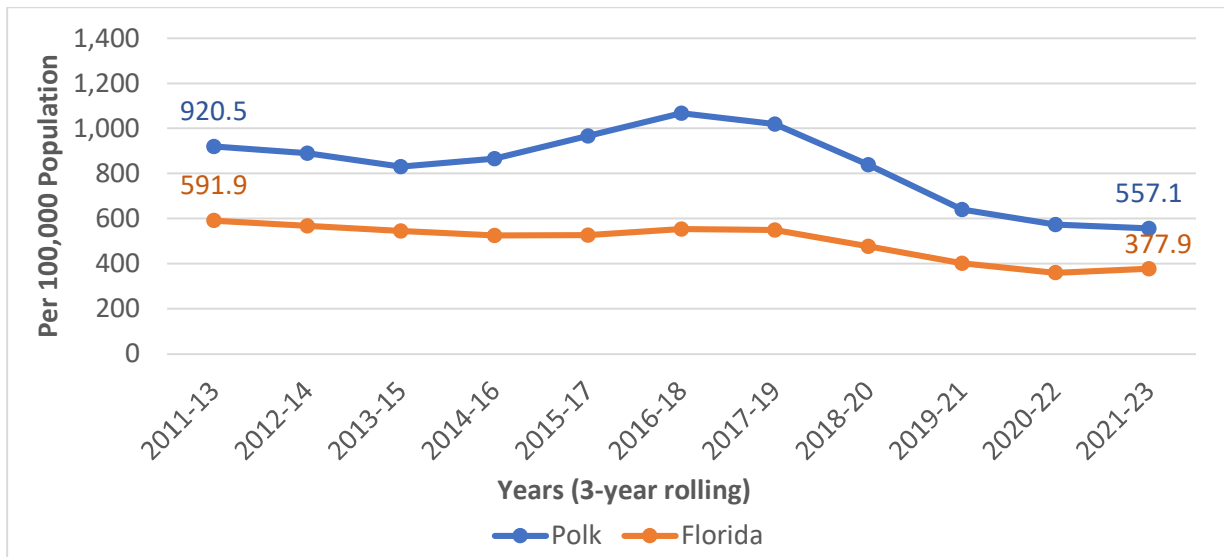
Drug Arrests

Figure 197. Drug Arrests

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Quartile	Rate	
Drug arrests	Per 100,000	2021-23	3	557.1	377.9
Adult drug arrests (ages 18+)	Per 100,000 (ages 18+)	2021-23	3	699.4	458.0
Juvenile drug arrests (ages 0-17)	Per 100,000 (ages 0-17)	2021-23	3	189.8	159.1

Polk has a higher rate of drug arrests (557.1 per 100,000) compared to the State (377.9 per 100,000). Similarly, Polk also has a higher rate of adult drug arrests (699.4 per 100,000) and juvenile drug arrests (189.8 per 100,000) compared to the State (458.0 per 100,000 and 159.1 per 100,000, respectively).

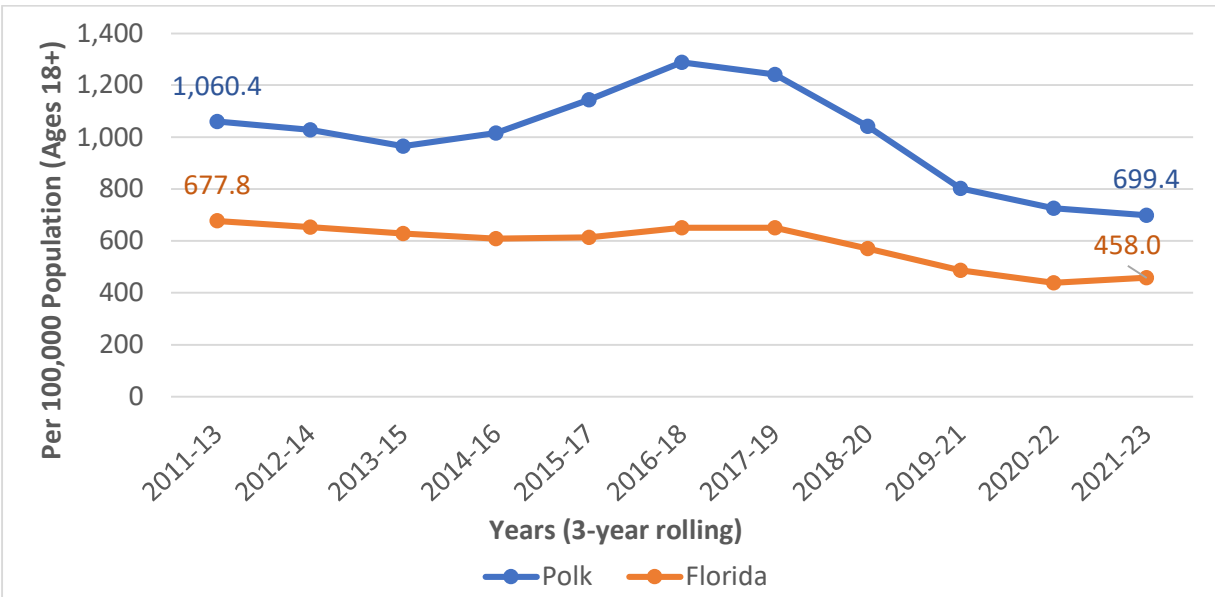
Figure 198. Drug Arrests Over Time



Historically, Polk has had a higher rate of drug arrests than the State of Florida. However, drug arrests have decreased in both Polk and across the State over time.

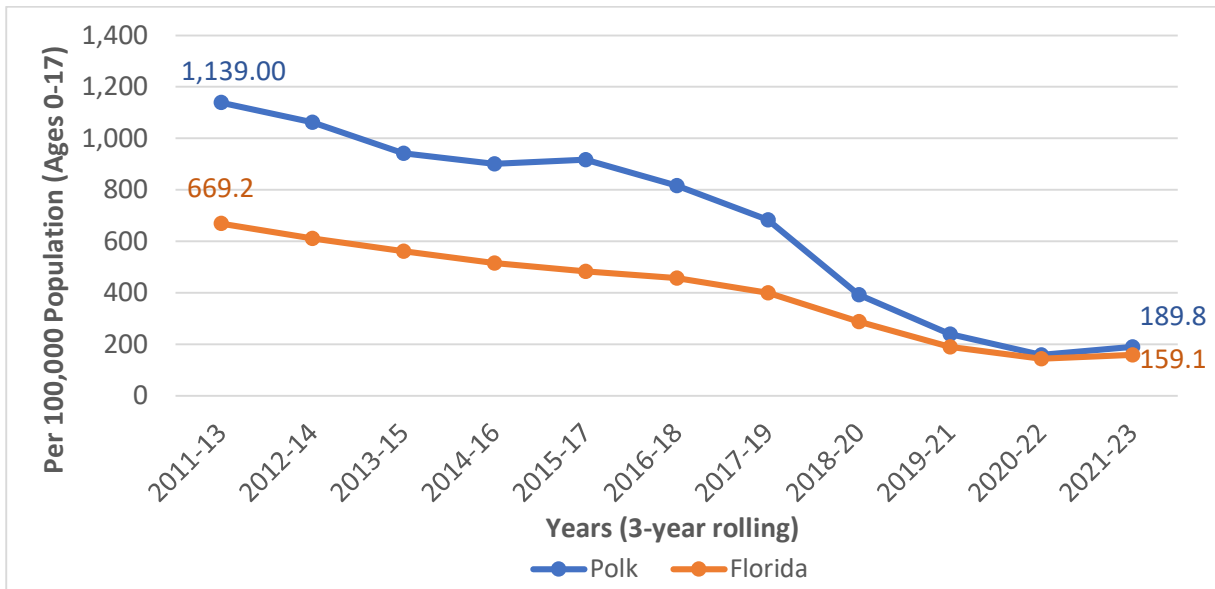
Source: FDLE

Figure 199. Adult Drug Arrests Over Time



Historically, Polk has had a higher rate of adult (ages 18+ years) drug arrests than the State of Florida. However, adult drug arrests have decreased in both Polk and across the State over time.

Figure 200. Juvenile Drug Arrests Over Time



Historically, Polk has had a higher rate of juvenile (ages 0-17 years) drug arrests than the State of Florida. However, juvenile drug arrests have decreased in both Polk and across the State over time.

Source: FDLE

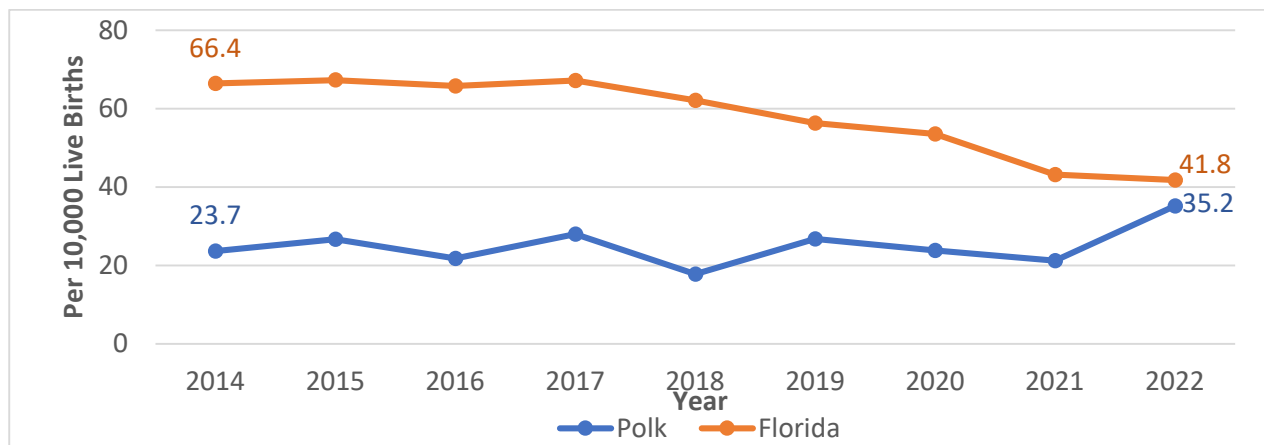
Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome (NAS) is a condition experienced by newborns exposed to opioid prescription or illicit drugs during the prenatal period.

Figure 201. Neonatal Abstinence Syndrome

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Quartile	Rate	
Neonatal Abstinence Syndrome	Per 10,000 live births	2022	-	35.2	41.8

Figure 202. Neonatal Abstinence Syndrome Over Time



Historically, the rate of Neonatal Abstinence Syndrome in Polk has been lower than the statewide rate and remains so, however, the rate in Polk has increased while the statewide rate has decreased over time.

Source: Florida Birth Defects Registry

Stigma

People experience feelings of stigma when another person mistreats them or thinks badly about them because of a behavior, characteristic, or trait. Stigma, whether caused by bias, purposeful exclusion, or a lack of understanding about the causes for a personal struggle, is harmful.

Stigma can prevent a person from getting help. People seeking treatment for opioid use disorder may find that some healthcare professionals will not prescribe medication to treat OUD, despite medications for opioid use disorder (MOUD) being an effective form of treatment. Stigma or the fear of stigma can also stop someone from sharing their health condition with partners or family members. It may also prevent them from seeking the health or behavioral health services and support services they need.

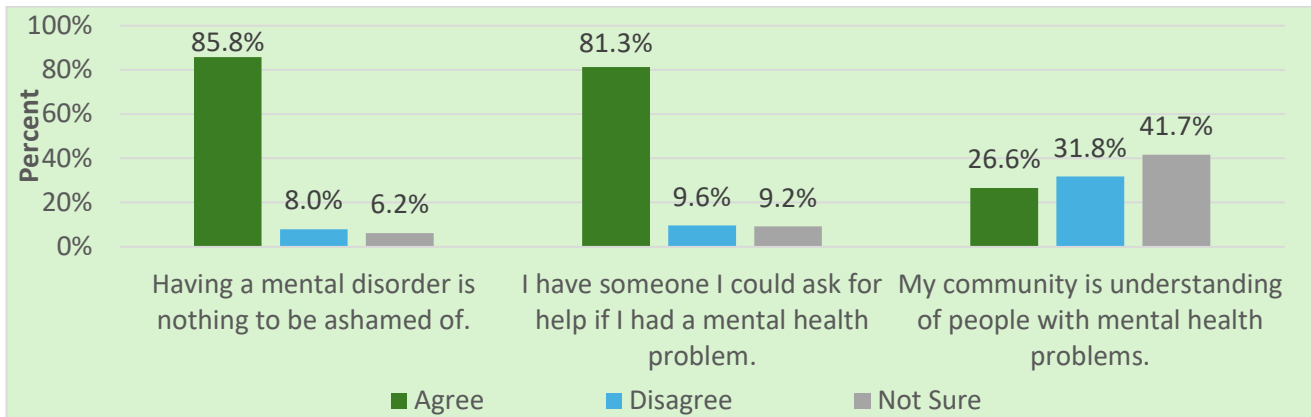
Stigma may come from a specific person, including a loved one or clinician, or from the larger community. It may come from within, based on feelings of personal shame or failure. It may be a combination of all those sources.

People experiencing mental illness and those who use substances overlap, and both are stigmatized. Examples of stigma include:

- Assuming a person chooses not to change their behavior.
- Considering SUDs to be a moral instead of a medical issue.
- Withholding instead of offering support or treatment, including MOUD, based on a belief that offering support, whether social or financial, enables a person to continue using drugs.
- Lack of support for SUD training and education among employers, first responders (law enforcement and emergency services personnel) and healthcare professionals
- Social rejection related to drug use or return to use.
- Not understanding the reasons behind SUDs, including a greater risk of developing an SUD based on a person's genetic background and their personal environment, adverse childhood experiences (ACEs), or mental health conditions.
- A person's own negative feelings about their use.
- Stereotyping—making assumptions about characteristics of whole groups of people, including people who use drugs.

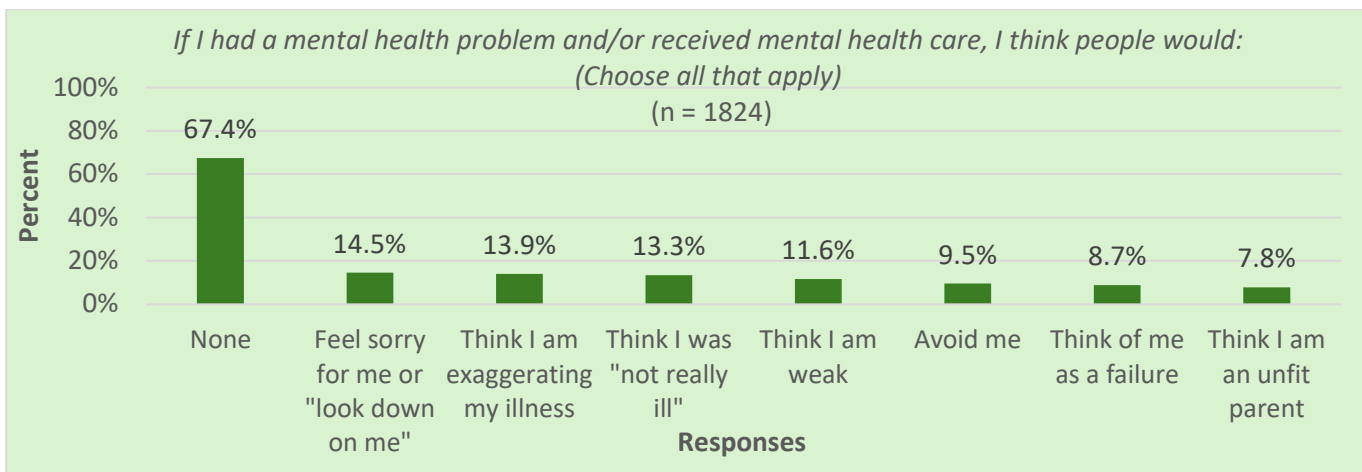
Source: CDC, 2024

Figure 203A. Polk CHA Survey Respondents: Mental Health Stigma



The majority of 2024 Polk CHA Survey respondents agree with the statements, “having a mental disorder in nothing to be ashamed of” (85.8%) and “I have someone I could ask for help if I had a mental health problem” (81.3%). However, only about one-quarter (26.6%) of survey respondents agree that, “my community is understanding of people with mental health problems”.

Figure 203B. Polk CHA Survey Respondents: Mental Health Stigma



Most Polk CHA Survey respondents (67.4%) do NOT think that people would have any of the above listed negative reactions towards them, if people knew they had a mental health problem or were receiving mental health care.

Source: Polk County Community Health Survey, 2024

Chronic Disease

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention and/or limit activities of daily living. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the U.S. They are also major contributors of the nation’s high annual health care costs. Preventing chronic diseases, or managing symptoms when prevention is not possible, can reduce these costs.

Many chronic diseases are caused by certain risk behaviors:

- Tobacco use and exposure to secondhand smoke
- Poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats
- Lack of physical activity
- Excessive alcohol use

Making healthy lifestyle choices can reduce the risk of getting a chronic disease:

- Quit smoking
- Eat healthy
- Get regular physical activity
- Avoid drinking too much alcohol
- Get screened for cancer and diabetes
- Take care of your teeth
- Get enough sleep
- Know your family history
- Make healthy choices in school, at work, and in the community

Source: CDC, 2024

Figure 204: Chronic Disease Risk and Protective Factors

Indicator	Year(s)	Polk County Rate	Florida Rate	HP 2030 Goal
Adults 18+ who are current smokers	2022	16.3%	11.3%	5.0%
Adults 18+ who are sedentary	2022	30.2%	24.5%	-
Adults 18+ who are binge drinkers	2022	15.6%	16.7%	-
Adults 18+ who are obese	2022	40.9%	31.6%	36.0%

Source: CDC PLACES

Heart Disease

The term “heart disease” refers to several types of heart conditions. High blood pressure, high blood cholesterol, and smoking are key heart disease risk factors. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including: diabetes, overweight and obesity, poor diet, physical inactivity, excessive alcohol use.

Coronary Heart Disease

The most common type of heart disease in the U.S. is coronary artery disease, also known as coronary heart disease or ischemic heart disease. Coronary artery disease is caused by plaque buildup in the arteries which blocks blood supply to the heart. For some people, the first sign of coronary artery disease is a heart attack. Over time, coronary artery disease can weaken the heart muscle. This may lead to heart failure, a serious condition where the heart can’t pump blood the way it should.

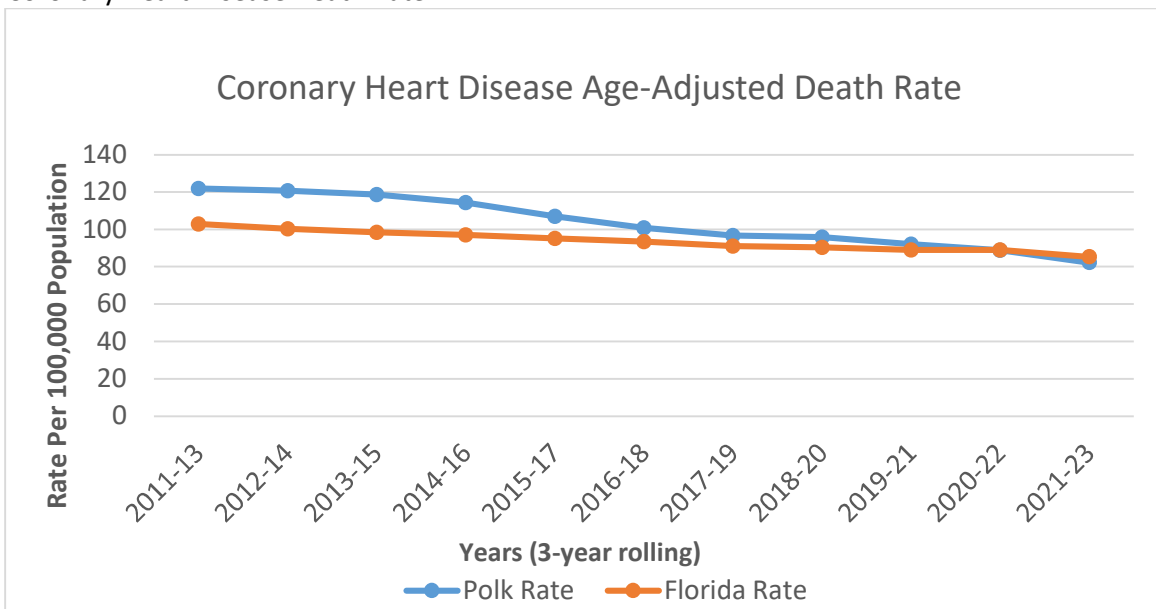
Source: CDC, 2024

Figure 205: Coronary Heart Disease

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Coronary Heart Disease							
Adults 18+ who have ever been told they had angina or coronary heart disease ¹	Percent	2022	-	-	8.6%	5.0%	-
Age-adjusted death rate ²	Per 100,000	2021-23	2,714	2	82.2	85.3	71.1
Age-adjusted hospitalization rate ³	Per 100,000	2021-23	9,252	3	301.4	243.6	

Sources: ¹CDC PLACES, ²FDOH Bureau of Vital Statistics, ³Florida AHCA

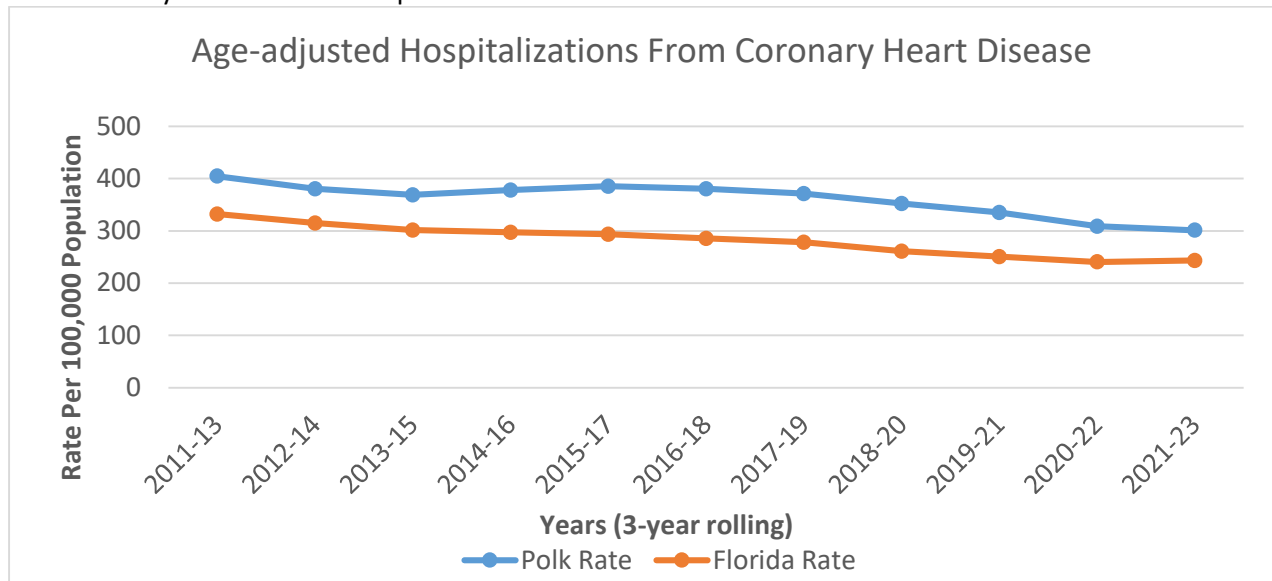
Figure 206. Coronary Heart Disease Death Rate



Coronary heart disease deaths have decreased over time for both Polk County and the State of Florida.

Source: FDOH Bureau of Vital Statistics

Figure 207. Coronary Heart Disease Hospitalization Rate



Coronary heart disease hospitalizations have decreased over time for both Polk County and the State of Florida. Rates of hospitalizations for coronary heart disease remain higher in Polk than the State average.

Source: Florida AHCA

Figure 208. Coronary Heart Disease by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	By Race		By Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted coronary heart disease death rate ¹	Per 100,000	2021-23	82.2	82.2	82.9	61.8	86.3
Age-adjusted coronary heart disease hospitalization rate ²	Per 100,000	2021-23	301.4	280.8	270.6	328.5	293.4

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

Heart Failure

Heart failure happens when the heart cannot pump enough blood and oxygen to support other organs in the body. Certain medical conditions can increase your risk for heart failure, including: coronary artery disease, diabetes, high blood pressure, and obesity. As of 2024, about 6.7 million adults 20 years and older in the U.S. have heart failure.

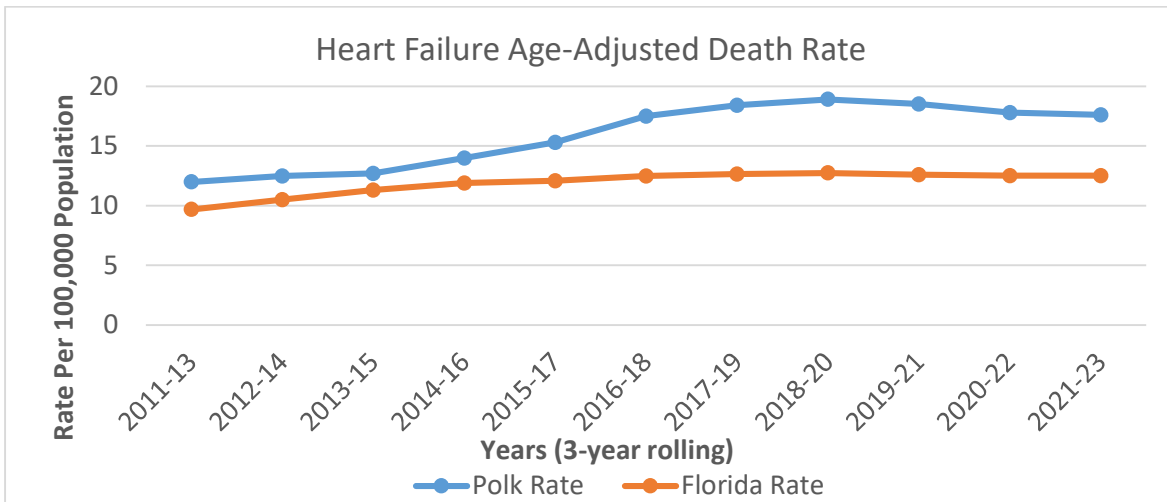
Source: CDC, 2024

Figure 209: Heart Failure

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Age-adjusted heart failure death rate ¹	Per 100,000	2021-23	587	2	17.6	12.5
Age-adjusted hospitalizations from or with congestive heart failure listed as any diagnosis ²	Per 100,000	2021-23	51,985	3	1,656.4	1,340.0

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

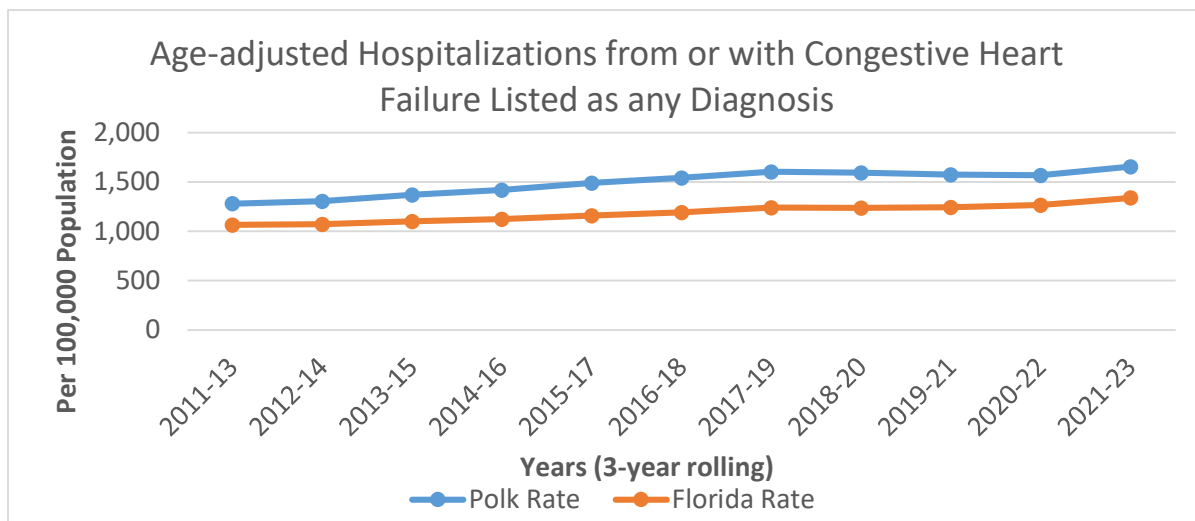
Figure 210. Heart Failure Death Rate



Rates of death from heart failure have increased over time in both Polk County and Florida, with Polk’s rates being higher than the State’s.

Source: FDOH Bureau of Vital Statistics

Figure 211. Heart Failure Hospitalization Rate



Rates of hospitalization from or with heart failure listed as any diagnosis have increased over time in both Polk County and Florida, with Polk’s rates being higher than the State’s.

Source: Florida AHCA

Figure 212. Heart Failure by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	By Race		By Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted heart failure death rate ¹	Per 100,000	2021-23	17.6	18.4	11.7	17.3	17.8
Age-adjusted hospitalizations from or with congestive heart failure listed as any diagnosis ²	Per 100,000	2021-23	1,656.4	1,449.8	2,371.2	1,485.8	1,692.5

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

Stroke

A stroke, sometimes called a brain attack, occurs when something blocks blood supply to part of the brain, or when a blood vessel in the brain bursts, causing part of the brain to become damaged or die. A stroke can cause lasting brain damage, long-term disability, or even death. Strokes can be prevented through healthy lifestyle choices, controlling blood pressure, cholesterol, and weight, and avoiding smoking.

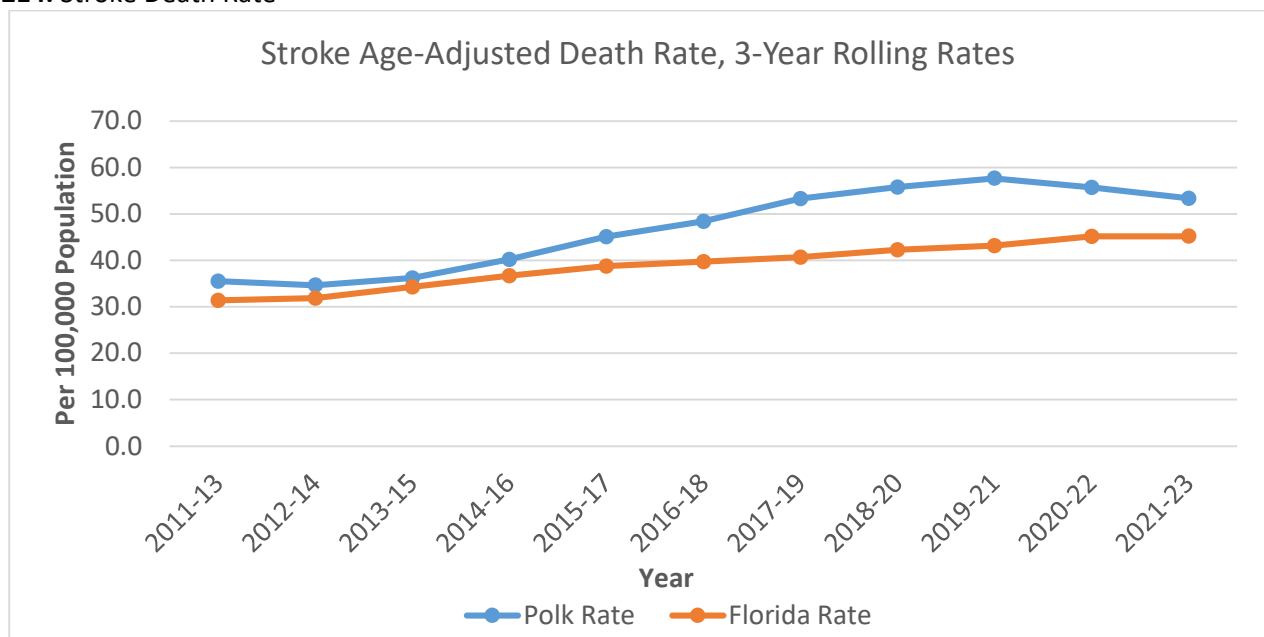
Source: CDC, 2024

Figure 213. Stroke

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Adults 18+ who have ever been told they had a stroke ¹	Percent	2022	-	-	4.4%	3.6%	-
Age-adjusted stroke death rate ²	Per 100,000	2021-23	1,737	3	53.4	45.2	33.4
Age-adjusted stroke hospitalization rate ³	Per 100,000	2021-23	7,927	2	256.9	234.8	-

Sources: ¹ CDC PLACES, ² FDOH Bureau of Vital Statistics, ³ Florida AHCA

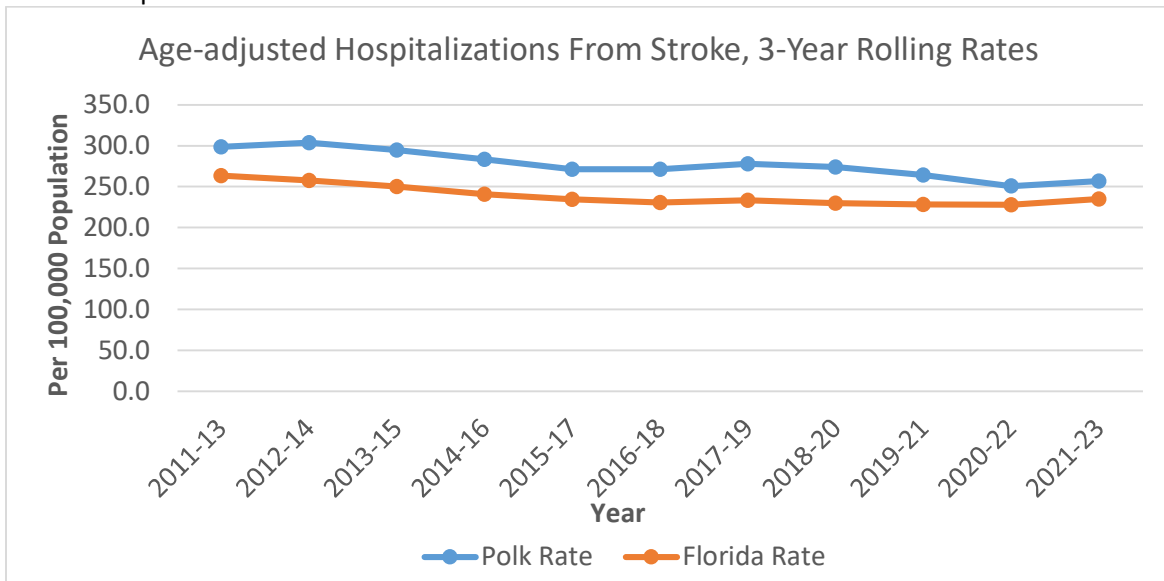
Figure 214. Stroke Death Rate



Stroke death rates had been increasing in Polk and across the State, however Polk's death rate began decreasing in 2020-2022.

Source: FDOH Bureau of Vital Statistics

Figure 215. Stroke Hospitalization Rate



Hospitalizations from stroke had been decreasing for both Polk and Florida, however both rates increased slightly between 2020-2022 and 2021-2023.

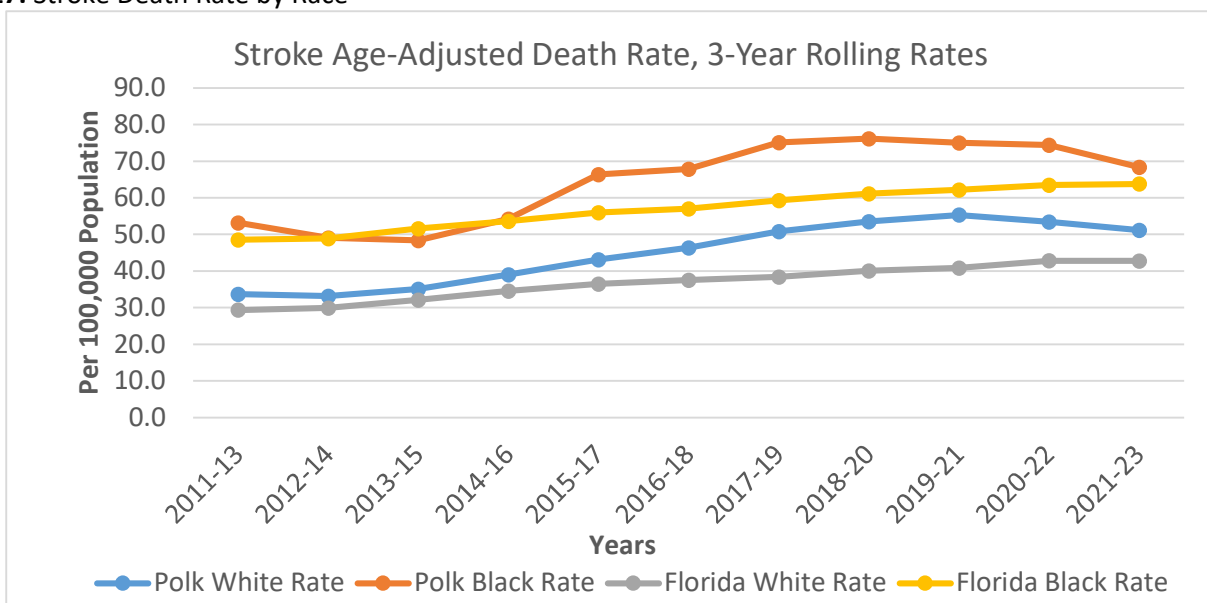
Source: Florida AHCA

Figure 216. Stroke by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	By Race		By Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted stroke death rate ¹	Per 100,000	2021-2023	53.4	51.2	68.4	65.5	53.0
Age-adjusted stroke hospitalization rate ²	Per 100,000	2021-2023	256.9	223.2	351.9	245.0	253.7

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

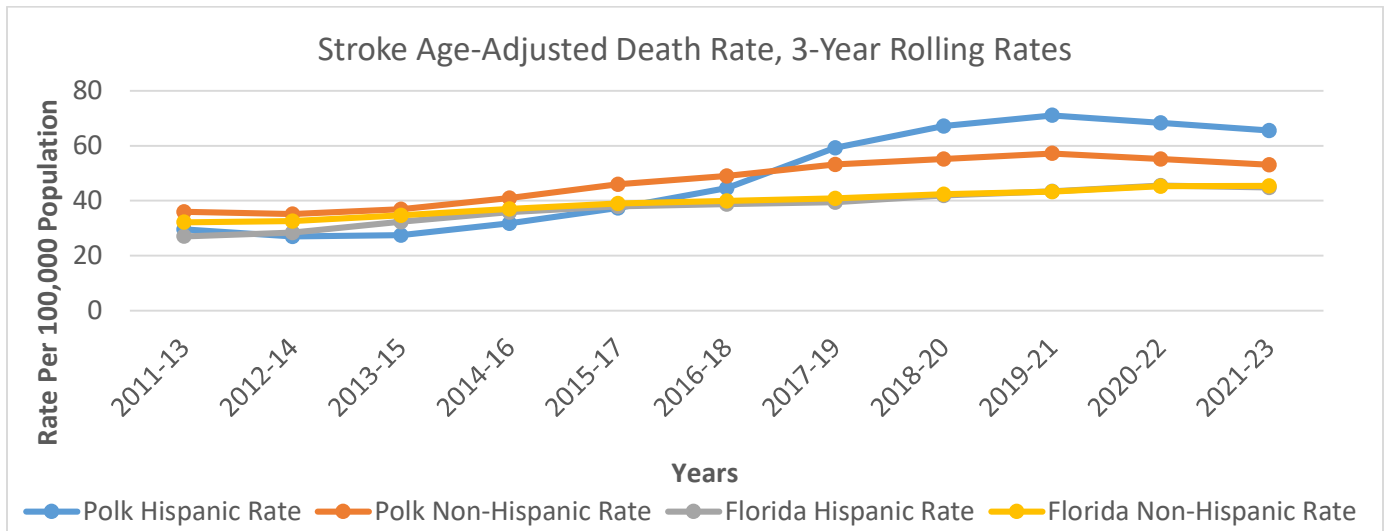
Figure 217. Stroke Death Rate by Race



The rate of deaths from stroke is higher among the Black population in Polk County than the white population.

Source: FDOH Bureau of Vital Statistics

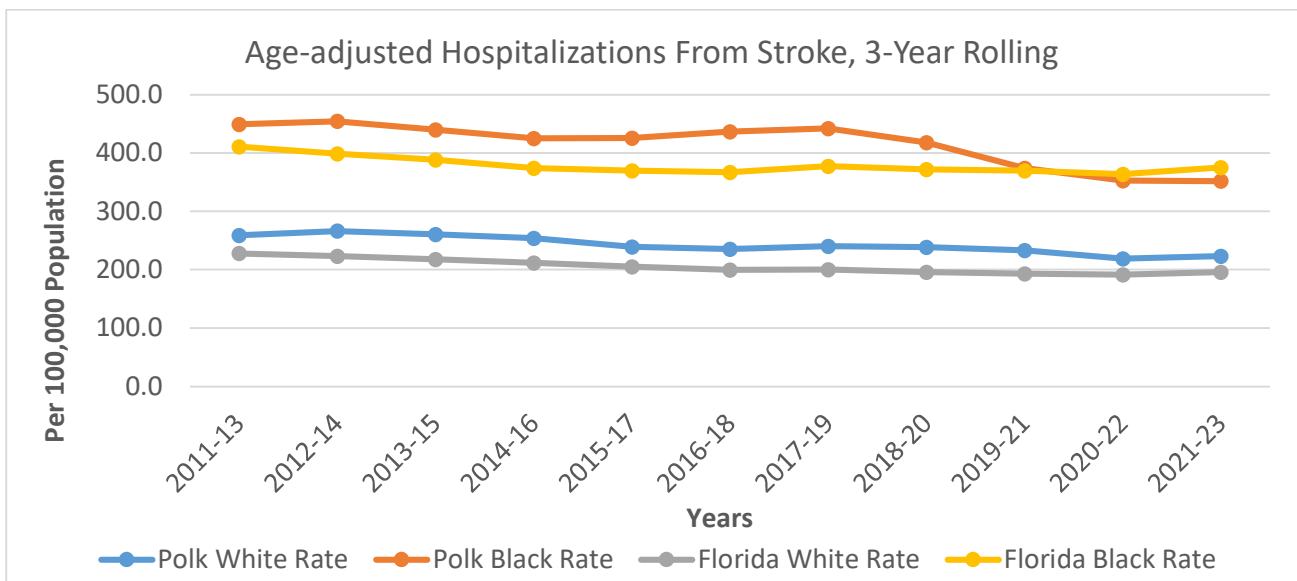
Figure 218. Stroke Death Rate by Ethnicity



The rate of deaths from stroke is higher among Hispanics in Polk County than non-Hispanics.

Source: FDOH Bureau of Vital Statistics

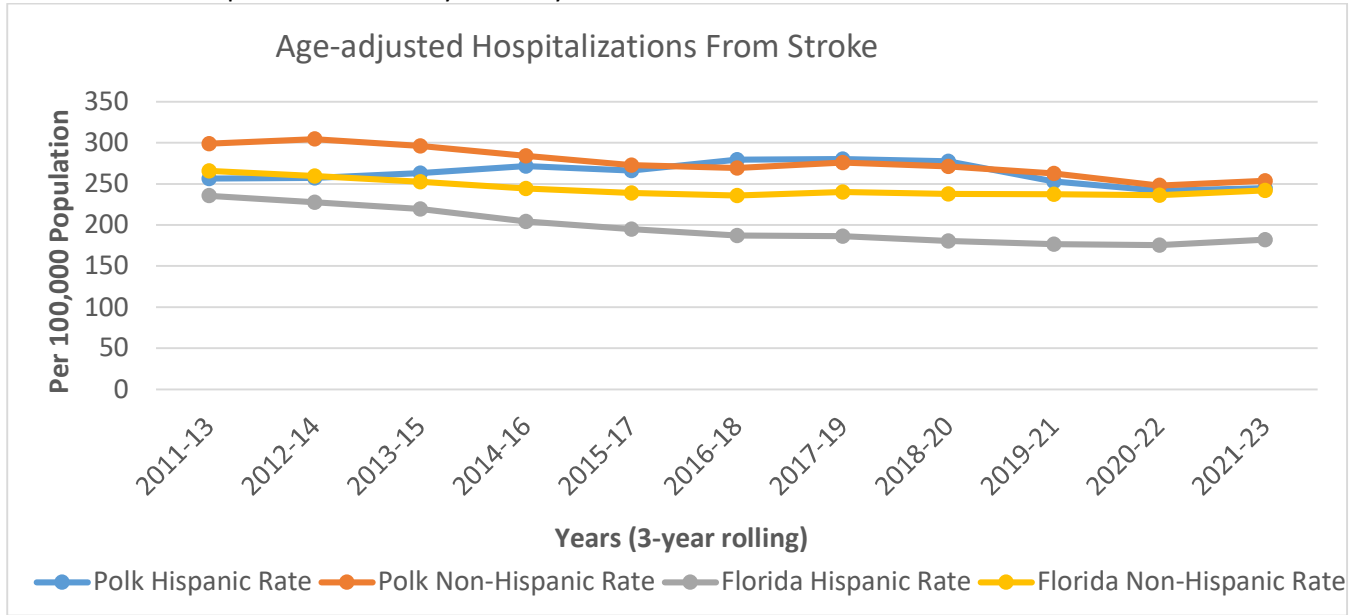
Figure 219. Stroke Hospitalization Rate by Race



Rates of hospitalization for stroke are higher among the Black population than the white population in Polk County. A similar trend exists statewide.

Source: Florida AHCA

Figure 220. Stroke Hospitalization Rate by Ethnicity



Hispanics have a slightly lower rate of hospitalizations from stroke than non-Hispanics in Polk County.

Source: Florida AHCA

High Blood Pressure (Hypertension)

High blood pressure, also called hypertension, is blood pressure that is higher than normal. High blood pressure usually develops over time and has no warning signs or symptoms. A normal blood pressure level is less than 120/80 mmHg. Your blood pressure changes throughout the day based on your activities. Having blood pressure consistently above normal may result in a diagnosis of high blood pressure (hypertension). The higher your blood pressure levels, the more risk you have for other health problems, such as heart disease, heart attack, and stroke. Hypertensive heart disease is a late complication of hypertension which impacts the heart.

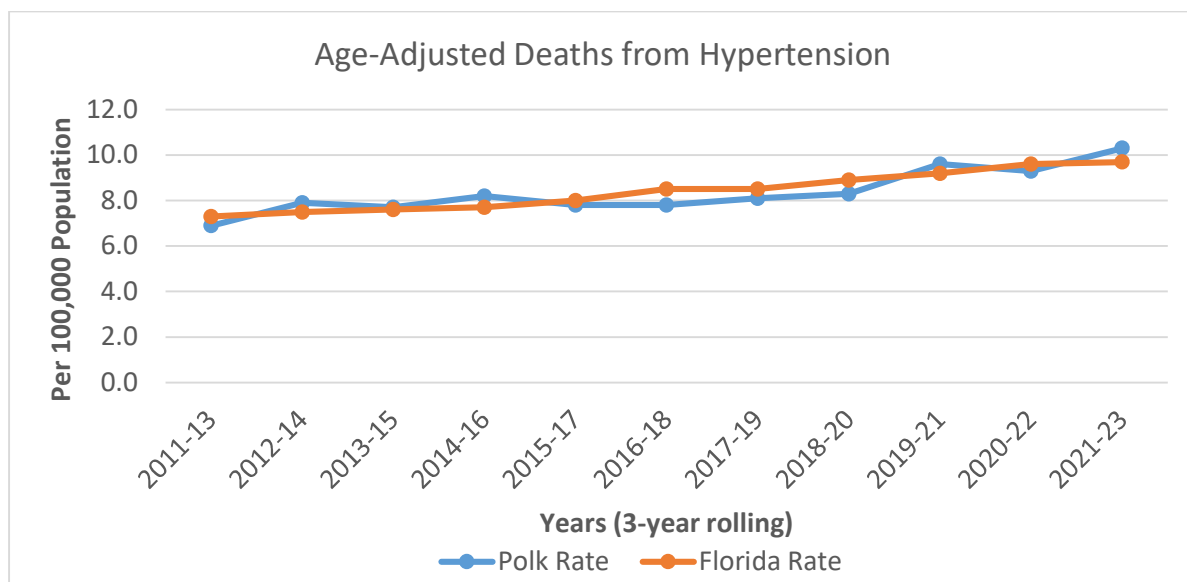
Source: CDC, 2024

Figure 221: Hypertension

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Age-adjusted death rate from hypertension ¹	Per 100,000	2021-23	336	2	10.3	9.7	
Age-adjusted death rate from hypertensive heart disease ¹	Per 100,000	2021-23	489	3	16.2	14.3	
Age-adjusted hospitalizations from hypertension ²	Per 100,000	2021-23	12,306	3	403.4	319.9	
Emergency department visits from hypertension ²	Per 100,000	2021-23	15,364	4	605.9	429.4	

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

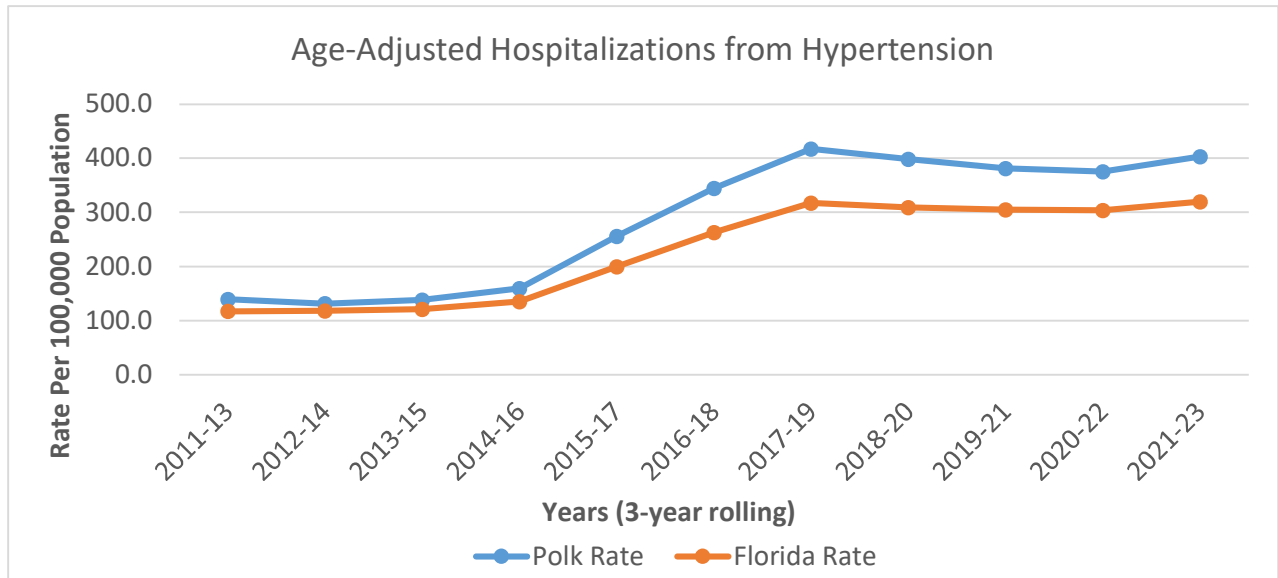
Figure 222. Deaths from Hypertension



The rate of death from hypertension has increased over time in both Polk County and across the State of Florida. As of 2021-2023, Polk's rate of death from hypertension is slightly higher than the State rate.

Source: FDOH Bureau of Vital Statistics

Figure 223. Hospitalizations from Hypertension



Hospitalizations from hypertension are higher in Polk County than among the State of Florida, however both rates have increased over time.

Source: Florida AHCA

Figure 224: Hypertension by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	By Race		By Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted death rate from hypertensive heart disease ¹	Per 100,000	2021-23	16.2	15.4	20.1	8.3	17.9
Age-adjusted death rate from hypertension ¹	Per 100,000	2021-23	10.3	9.1	17.3	10.0	10.7
Age-adjusted hospitalizations from hypertension ²	Per 100,000	2021-23	403.4	322.3	734.5	434.3	401.1
Emergency department visits from hypertension ²	Per 100,000	2021-23	605.9	470.4	1,087.5	939.4	493.7

The rate of hospitalization from hypertension is more than two times higher among the Black population in Polk County than the white population. The rate of emergency department visits from hypertension is more than two times greater among the Black population in Polk County than the white population. Hispanics in Polk are almost twice as likely to visit the emergency department due to hypertension as non-Hispanics in Polk.

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

Diabetes

Diabetes is a chronic health condition that affects how your body turns food into energy. There are three main types of diabetes: type 1, type 2, and gestational diabetes (diabetes while pregnant). In type 2 diabetes, the body doesn't use insulin well and cannot keep blood sugar at normal levels. Type 2 diabetes develops over many years and is usually diagnosed in adults, however it's becoming more common in children, teens, and young adults. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active. Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. About 38 million adults in the U.S. have diabetes, with 1 in 5 of them not knowing they have it.

In the U.S., diabetes is the number one cause of kidney failure, lower-limb amputations, and adult blindness. In the last 20 years, the number of adults diagnosed with diabetes has more than doubled.

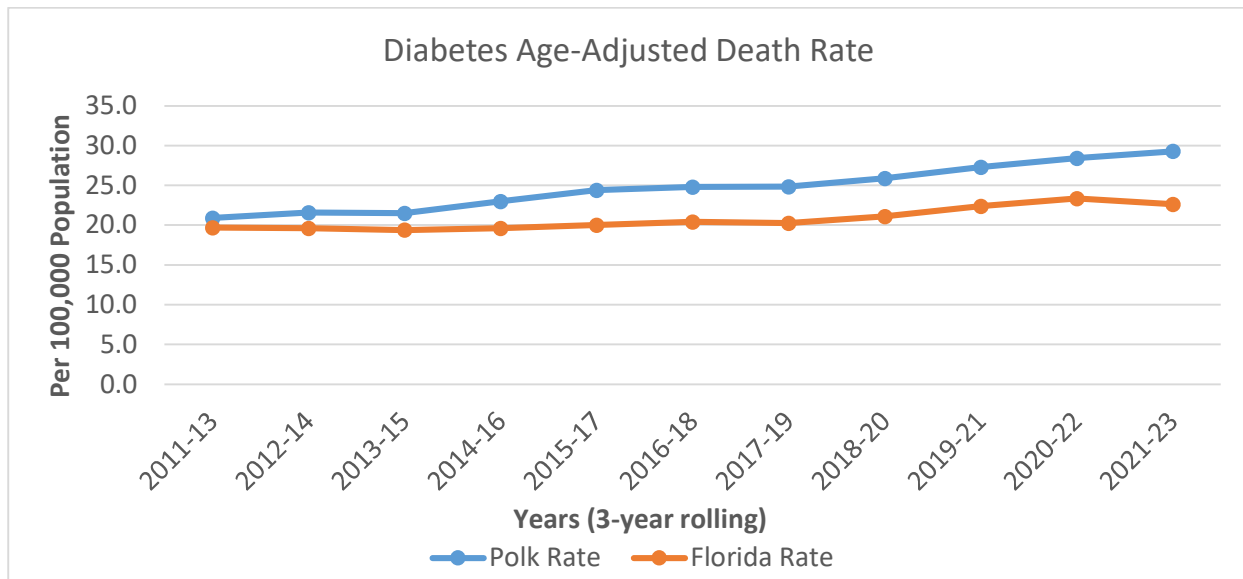
Source: CDC, 2024

Figure 225: Diabetes

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Adults 18+ who have ever been told they had diabetes ¹	Percent	2022	-	-	14.6%	12.2%
Age-adjusted diabetes death rate ²	Per 100,000	2021-23	941	3	29.3	22.6
Age-adjusted hospitalization rate from diabetes ³	Per 100,000	2021-23	7,659	4	293.6	212.1
Age-adjusted emergency room visits from diabetes ³	Per 100,000	2021-23	9,157	4	367.9	215.7

Sources: ¹CDC PLACES, ²FDOH Bureau of Vital Statistics, ³Florida AHCA

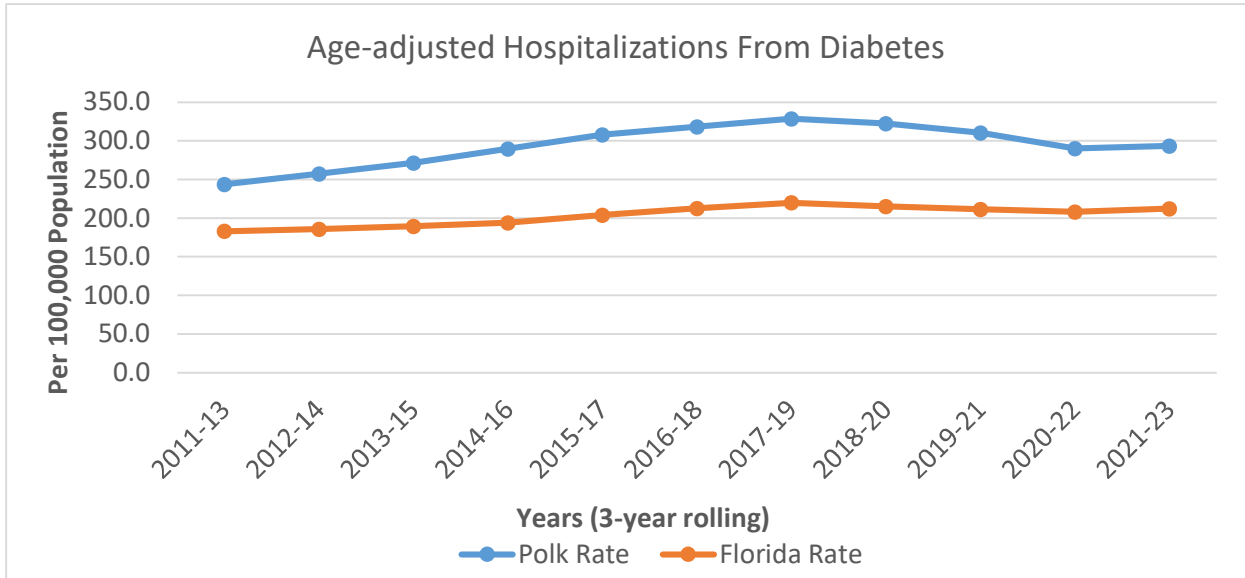
Figure 226. Diabetes Death Rate



The rate of death from diabetes is higher in Polk County than across the State and has increased over time.

Source: FDOH Bureau of Vital Statistics

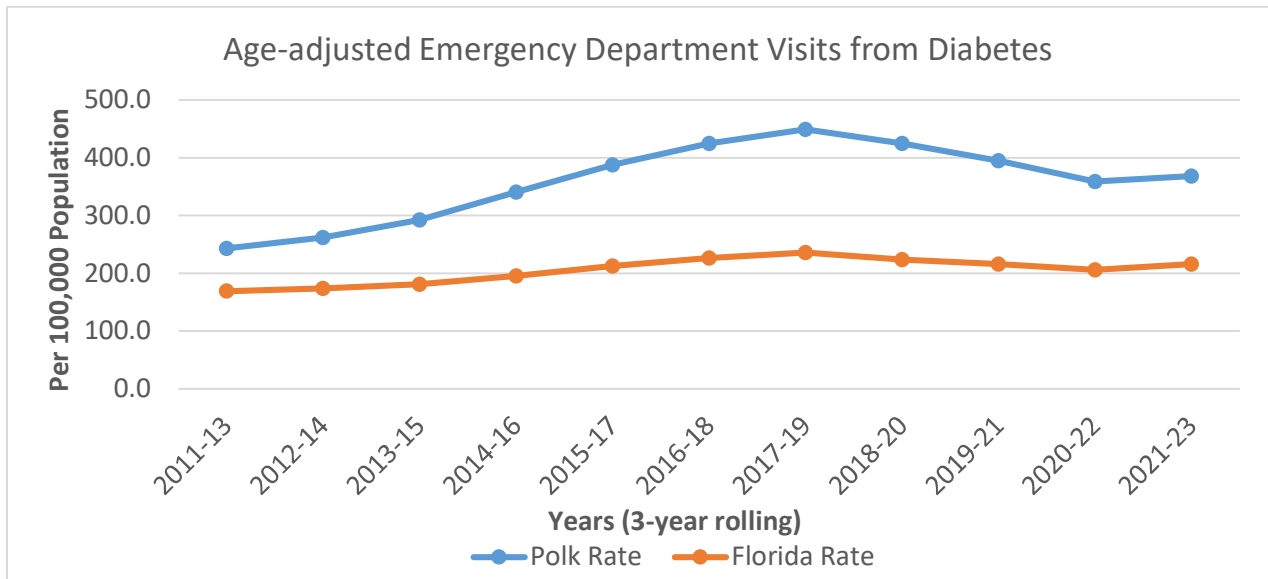
Figure 227. Diabetes Hospitalization Rate



The rate of hospitalization from diabetes is higher in Polk County than across the State and has increased over time.

Source: Florida AHCA

Figure 228. Diabetes Emergency Department Visit Rate



The rates of emergency department visits from diabetes is higher in Polk County than across the State and has increased over time.

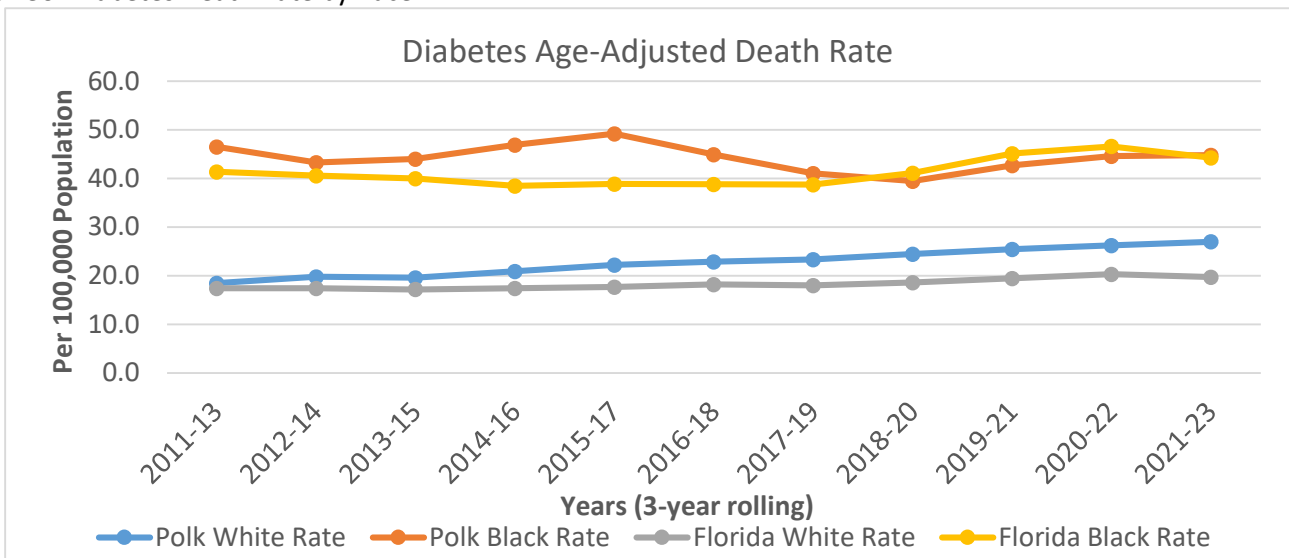
Source: Florida AHCA

Figure 229: Diabetes by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted diabetes death rate ¹	Per 100,000	2021-23	29.3	27.0	44.8	32.4	29.8
Age-adjusted rate of hospitalizations from diabetes ²	Per 100,000	2021-23	293.6	242.7	463.4	307.2	299.0
Age-adjusted emergency room visits from diabetes ²	Per 100,000	2021-23	367.9	296.2	635.5	446.9	352.3

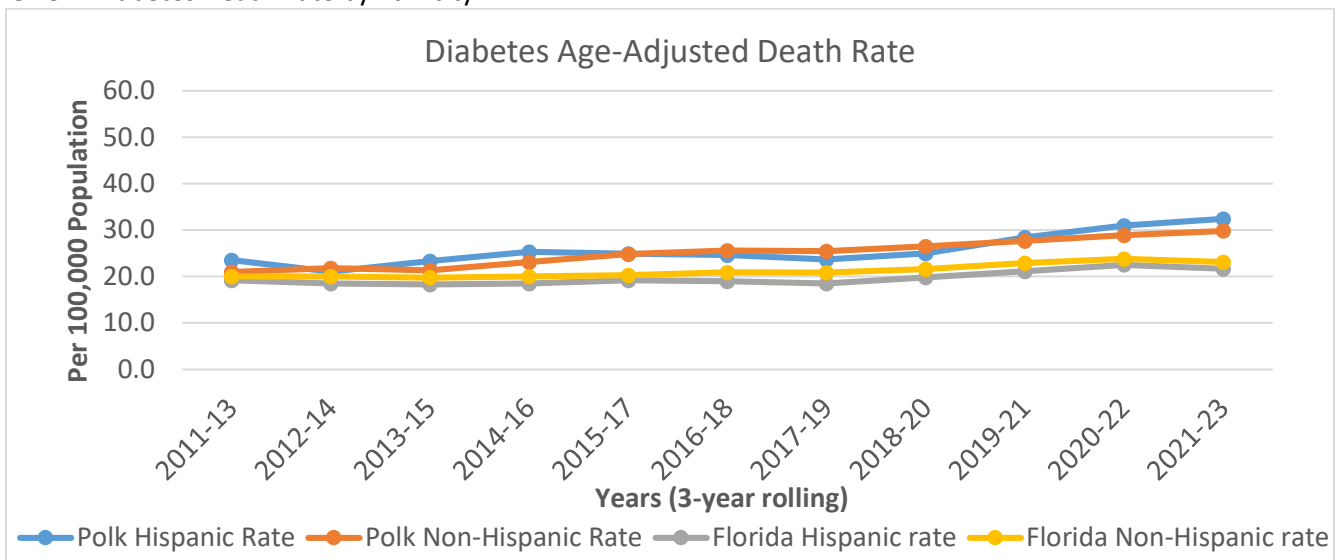
Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

Figure 230. Diabetes Death Rate by Race



Death rates from diabetes in Polk County and across the State of Florida are higher among the Black population than the white population.

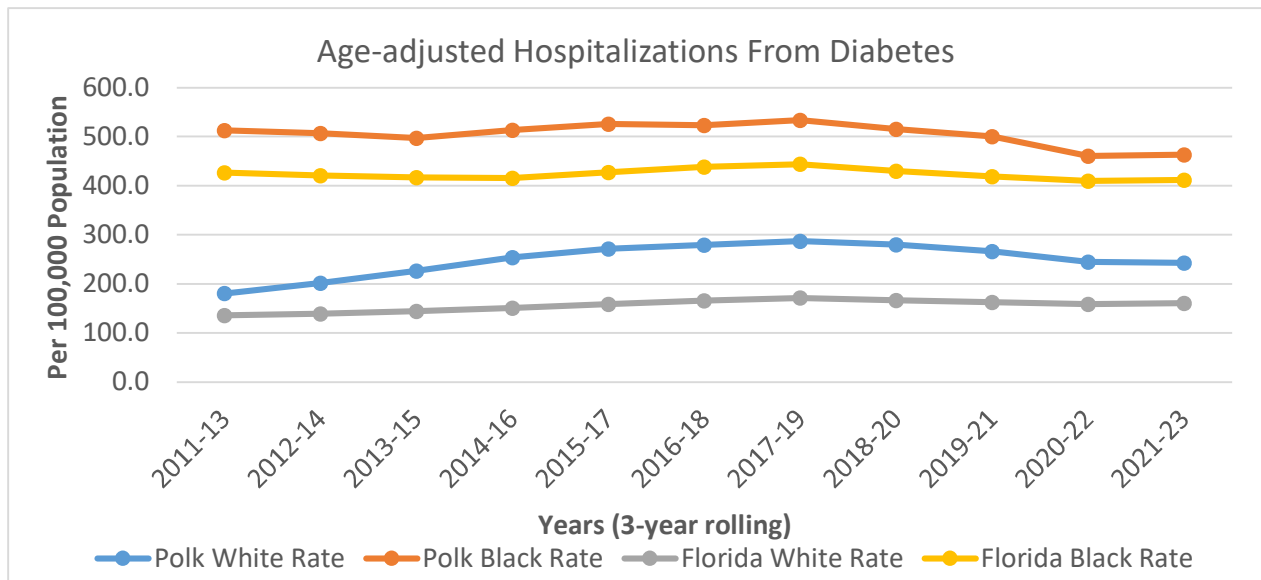
Figure 231. Diabetes Death Rate by Ethnicity



The death rate from diabetes is slightly higher among Hispanics than non-Hispanics in Polk.

Source: FDOH Bureau of Vital Statistics

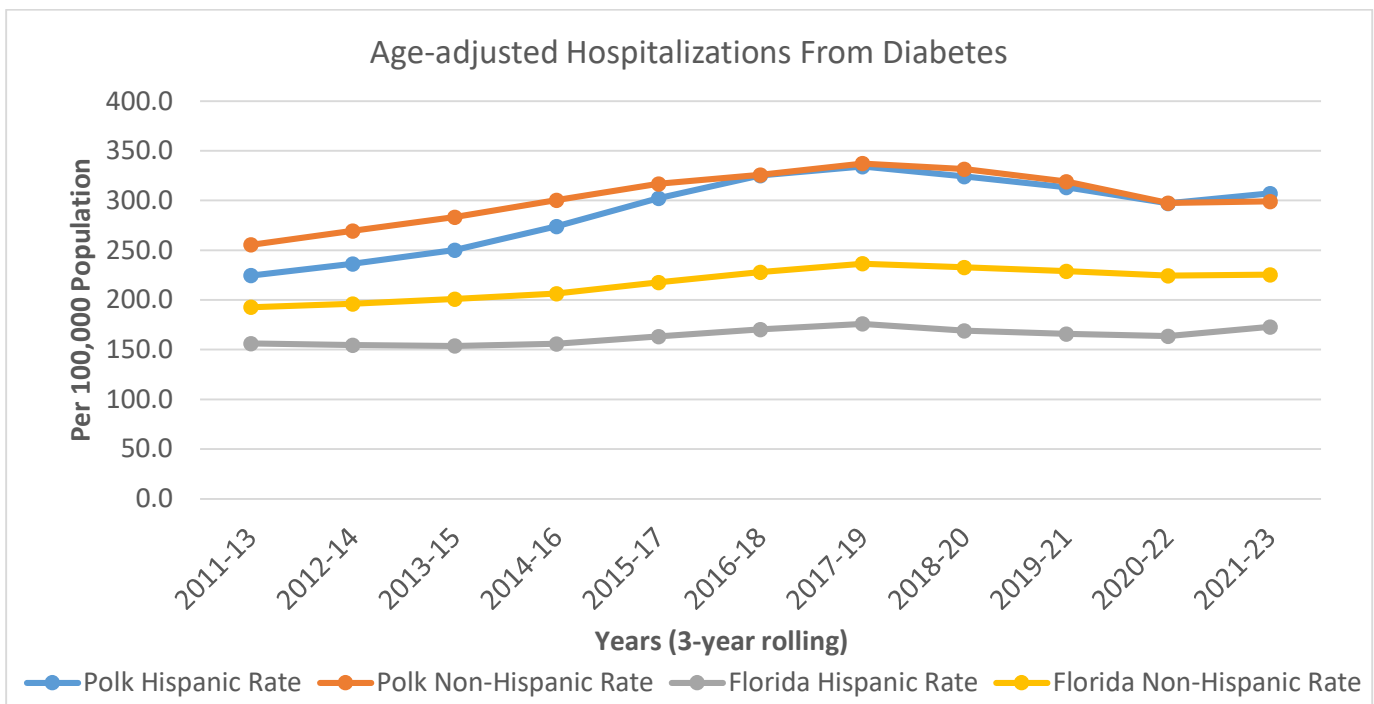
Figure 232. Diabetes Hospitalization Rate by Race



Hospitalization rates from diabetes are much higher among the Black population than the White population in Polk County and across the State.

Source: Florida AHCA

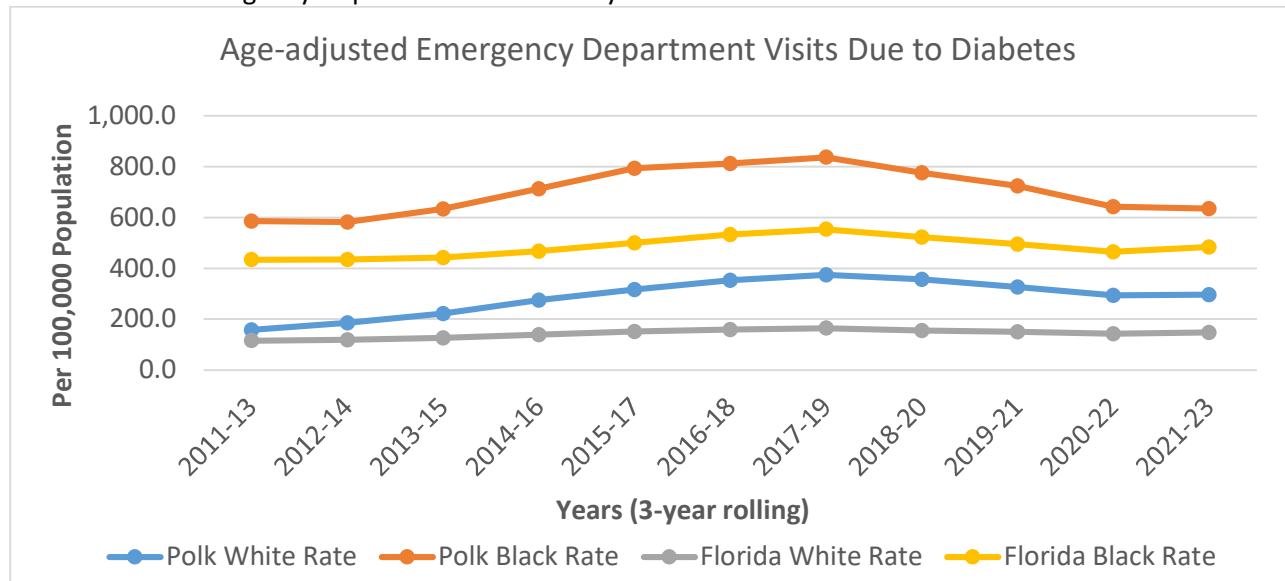
Figure 233. Diabetes Hospitalization Rate by Ethnicity



Although the rate of hospitalizations from diabetes was previously lower among Polk’s Hispanic population, the current rate among Hispanics (307.2 per 100,000) has surpassed that of the rate among non-Hispanics (299.0 per 100,000).

Source: Florida AHCA

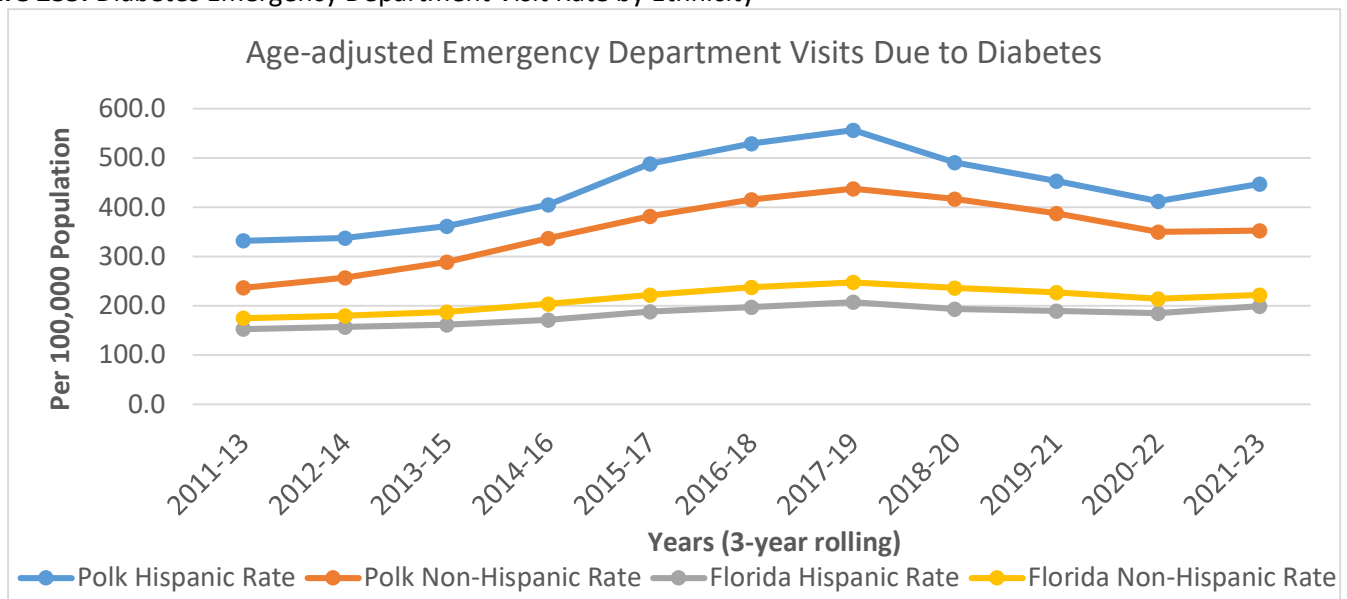
Figure 234. Diabetes Emergency Department Visit Rate by Race



Emergency room visits due to diabetes are more than two times higher among the Black population than the white population in Polk County, meaning that the Black population in Polk is more than twice as likely to visit the emergency room due to diabetes as compared to the white population. This suggests that the Black population may face barriers in managing their diabetes and use the emergency room instead of primary care. There are often social and environmental factors that contribute, including lack of access to care.

Source: Florida AHCA

Figure 235. Diabetes Emergency Department Visit Rate by Ethnicity



Emergency room visits due to diabetes are much higher among Hispanics in Polk County than non-Hispanics. This suggests that the Hispanic population may face barriers in managing their diabetes and use the emergency room instead of primary care. There are often social and environmental factors that contribute, including lack of access to care.

Source: Florida AHCA

Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory diseases (CLRDs) are a group of diseases that obstruct the lungs, mainly including chronic obstructive pulmonary disease (COPD) and asthma. CLRD is a top cause of death in the U.S. Risk factors for CLRD include smoking habits, exposure to air pollutants, occupational exposures, respiratory infections, and genetic factors.

Chronic obstructive pulmonary disease, or COPD, refers to a group of lung diseases that prevent airflow to the lungs, causing breathing problems. The most common types of COPD are emphysema and chronic bronchitis. Smoking is the main cause of COPD, but nonsmokers can get it, as well.

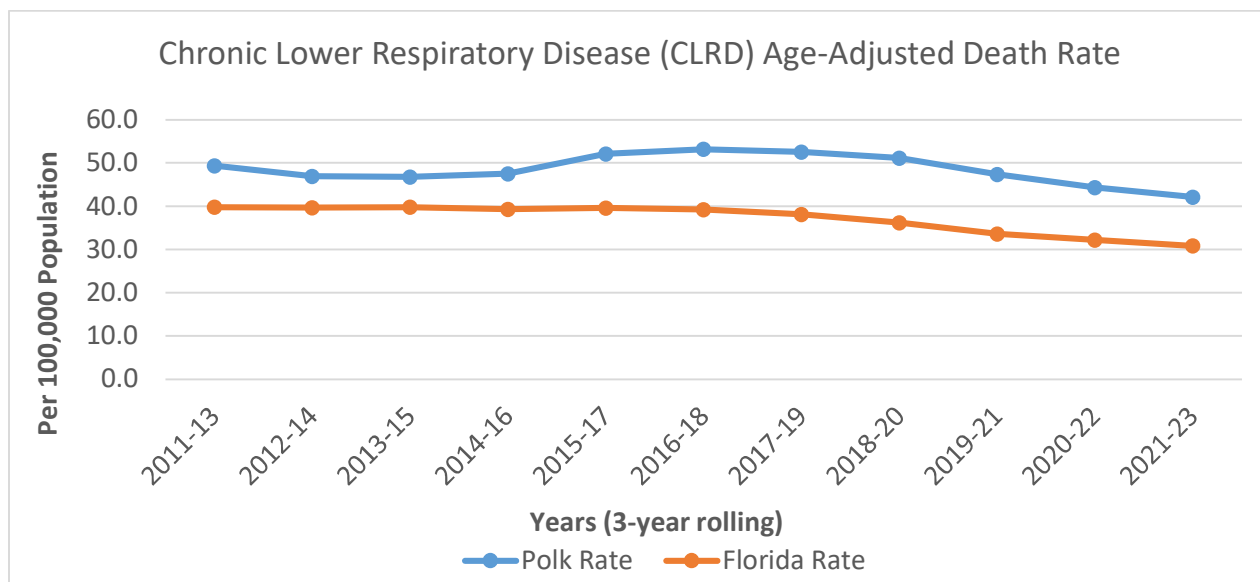
Sources: CDC, 2024; FLHealthCHARTS, 2025

Figure 236: Chronic Lower Respiratory Diseases (CLRD)

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Adults 18+ who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis ¹	Percent	2022	-	-	9.4%	7.4%
Age-adjusted chronic lower respiratory diseases death rate ²	Per 100,000	2021-23	1,435	2	42.1	30.8
Age-adjusted hospitalization rate from chronic lower respiratory disease (including asthma) ³	Per 100,000	2021-23	5,880	4	209.6	154.1

Sources: ¹CDC PLACES, ²FDOH Bureau of Vital Statistics, ³Florida AHCA

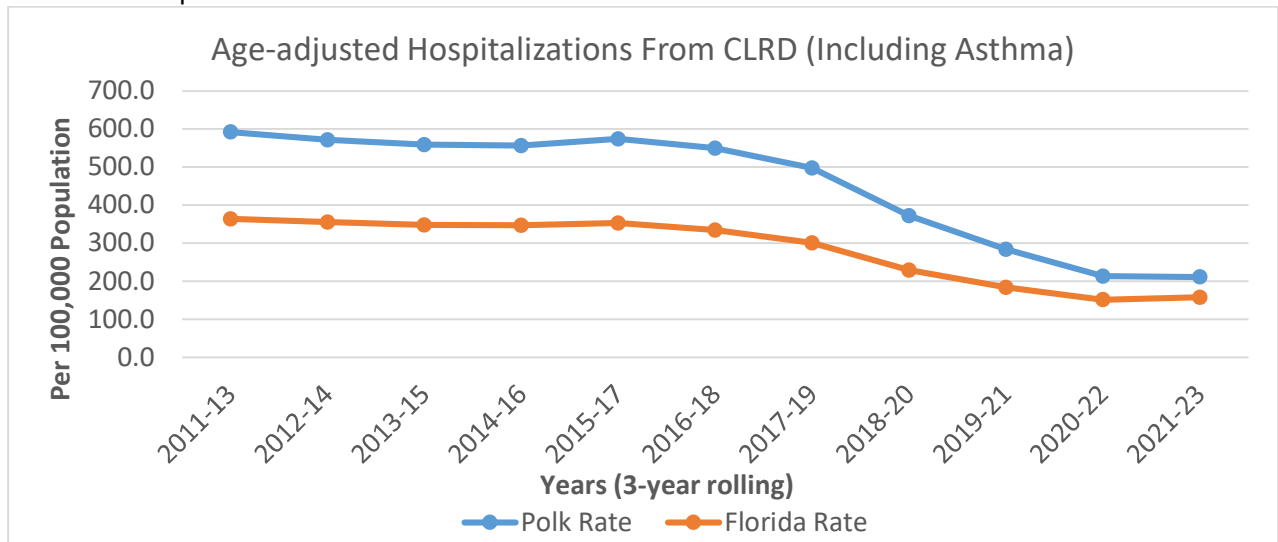
Figure 237. CLRD Death Rate



Polk's rate of death from chronic lower respiratory disease is higher than the State's rate, however rates of death have decreased over time.

Source: FDOH Bureau of Vital Statistics

Figure 238. CLRD Hospitalization Rate



Polk’s rate of hospitalizations from chronic lower respiratory disease is higher than the State’s rate, however rates of hospitalizations have decreased over time.

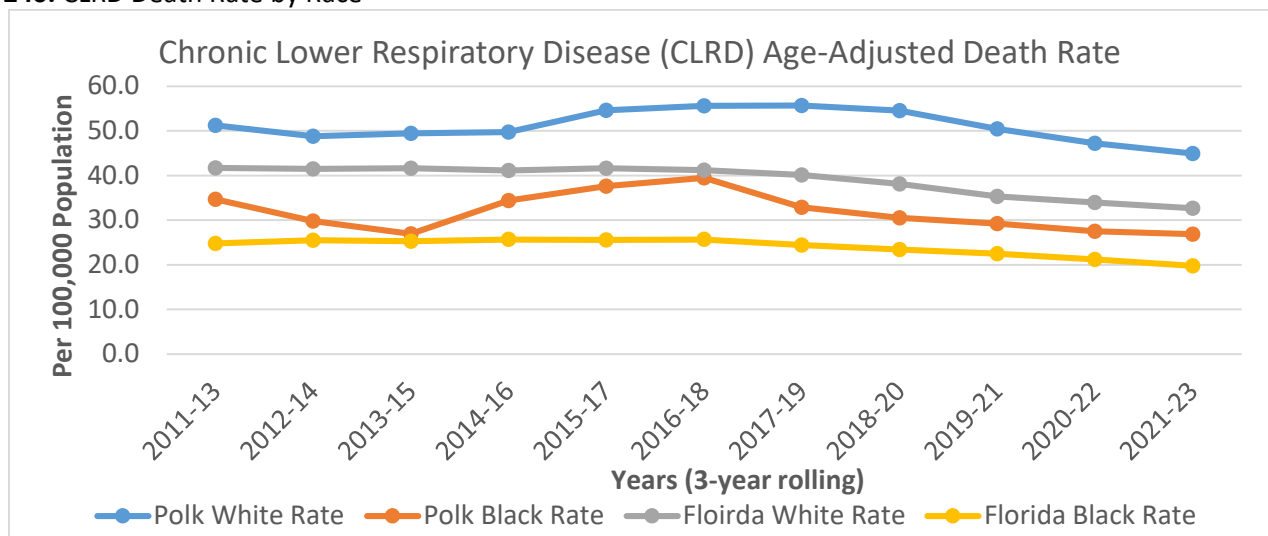
Source: Florida AHCA

Figure 239. CLRD by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted CLRD deaths ¹	Per 100,000	2021-23	42.1	44.9	26.9	20.7	45.4
Age-adjusted hospitalization rate from chronic lower respiratory disease (including asthma) ²	Per 100,000	2021-23	209.6	193.6	222.9	191.8	213.2

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida AHCA

Figure 240. CLRD Death Rate by Race



The death rate from CLRD is higher among the white population than the Black population in both Polk County and the State of Florida.

Source: FDOH Bureau of Vital Statistics

Asthma

Asthma is a disease that affects the lungs, causing episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing called asthma attacks. Asthma can be controlled by taking medicine and avoiding triggers that can cause an attack. Common asthma triggers include secondhand smoke, dust, air pollution, pets, and mold.

Uncontrolled asthma can negatively impact families and society because it may lead to increased risk of an emergency department visit, hospitalization, and work and school absenteeism.

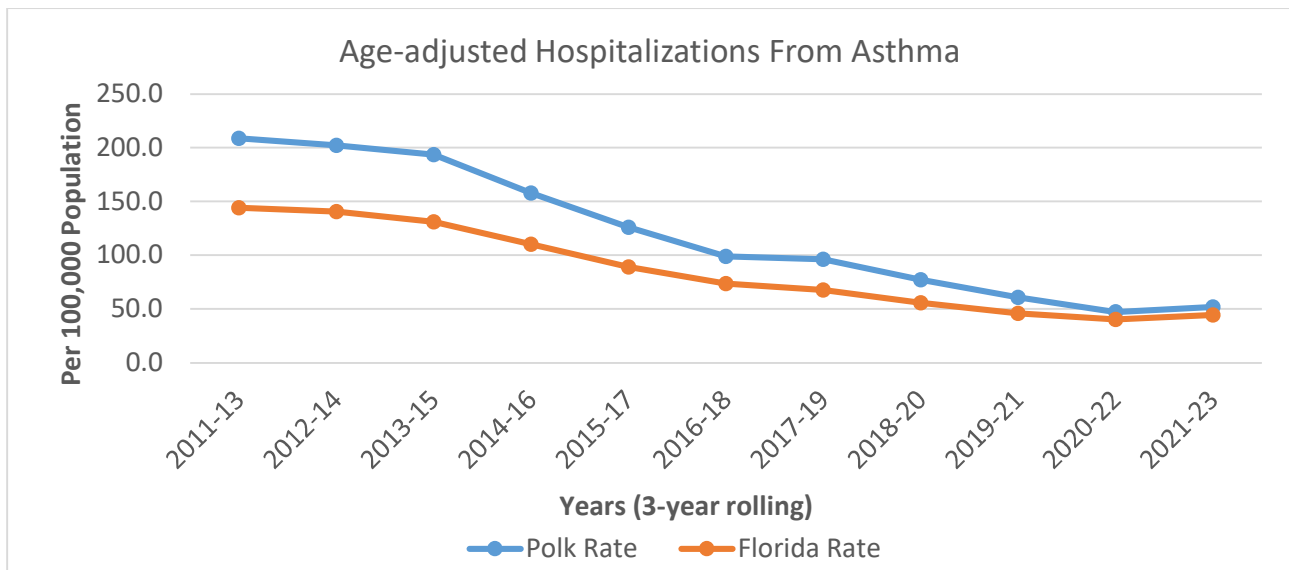
Source: CDC, 2024

Figure 241: Asthma

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Adults who currently have asthma ¹	Percent	2022	-	-	10.2%	9.3%
Age-adjusted asthma death rate ²	Per 100,000	2021-23	26	3	0.9	0.7
Age-adjusted rate of hospitalization from asthma ³	Per 100,000	2021-23	1,173	4	51.9	44.3
Age-adjusted emergency department visits from asthma ³	Per 100,000	2021-23	13,201	4	641.9	416.5

Sources: ¹CDC PLACES, ²FDOH Bureau of Vital Statistics, ³Florida AHCA

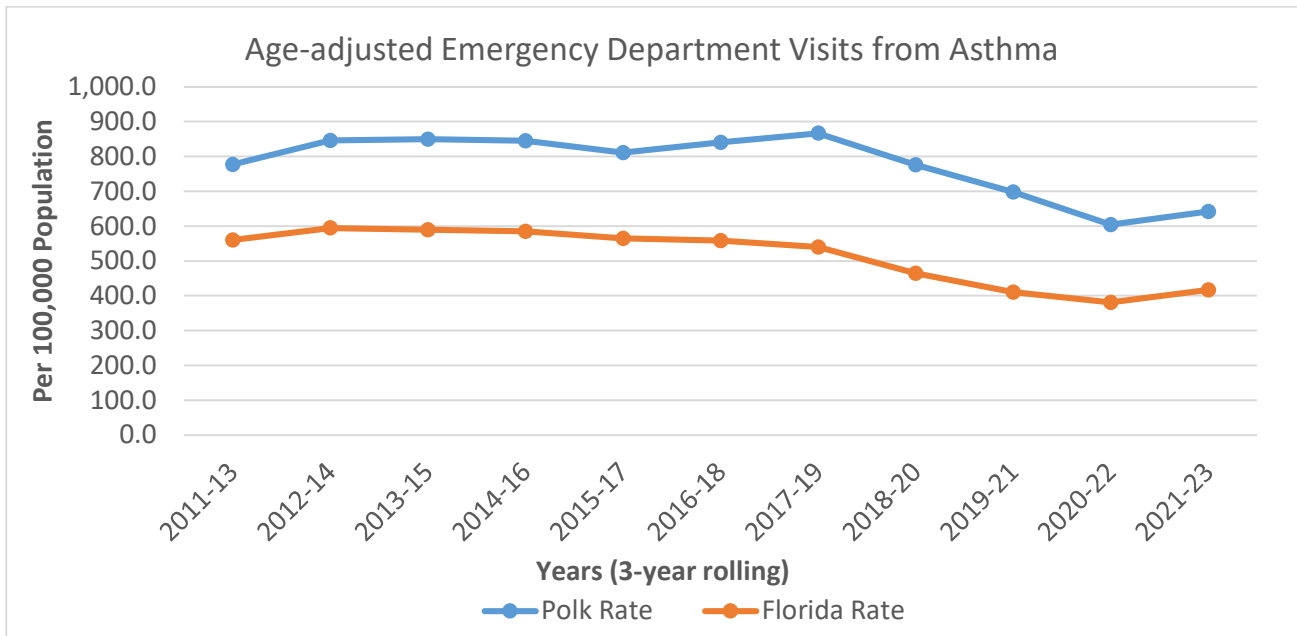
Figure 242. Asthma Hospitalization Rate



Hospitalization rates from asthma are higher in Polk than across the State, however both rates have decreased over time.

Source: Florida AHCA

Figure 243. Asthma Emergency Department Visit Rate



Rates of emergency department visits from asthma are higher in Polk than across the State.

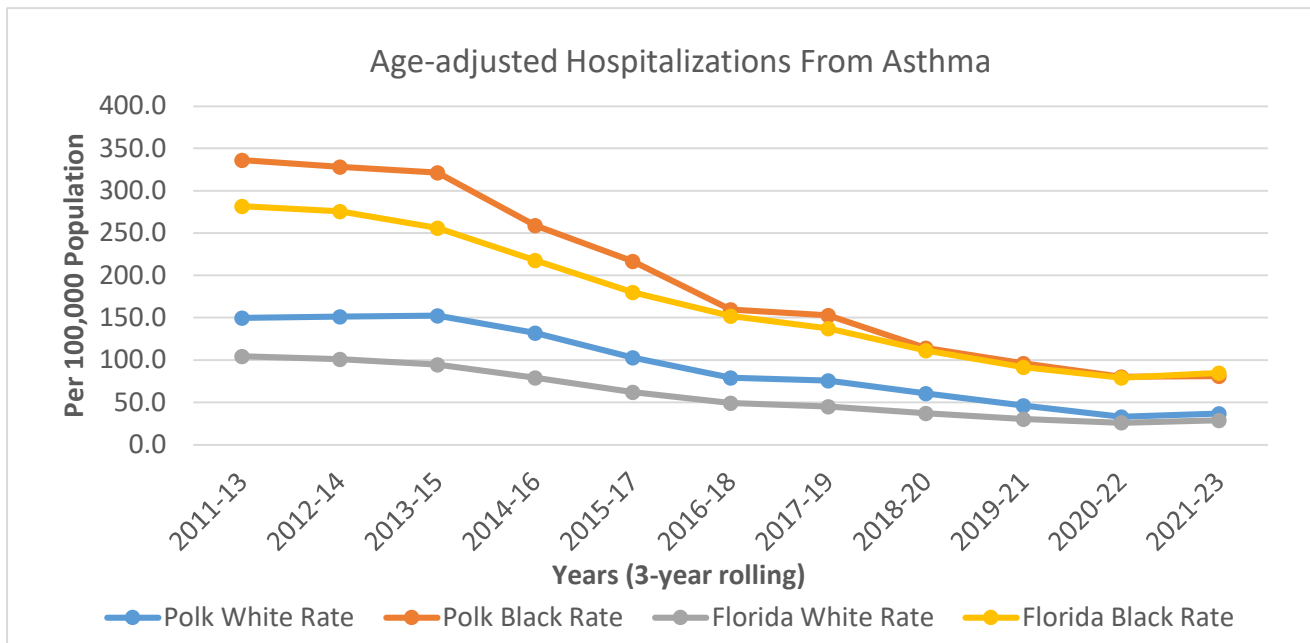
Source: Florida AHCA

Figure 244: Asthma by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted hospitalization rate from chronic lower respiratory disease (including asthma)	Per 100,000	2021-23	209.6	193.6	222.9	191.8	213.2
Age-adjusted rate of hospitalization from asthma	Per 100,000	2021-23	51.9	36.8	80.9	72.0	46.6
Age-adjusted emergency department visits from asthma	Per 100,000	2021-23	641.9	448.7	1,045.1	805.9	569.5

Source: Florida AHCA

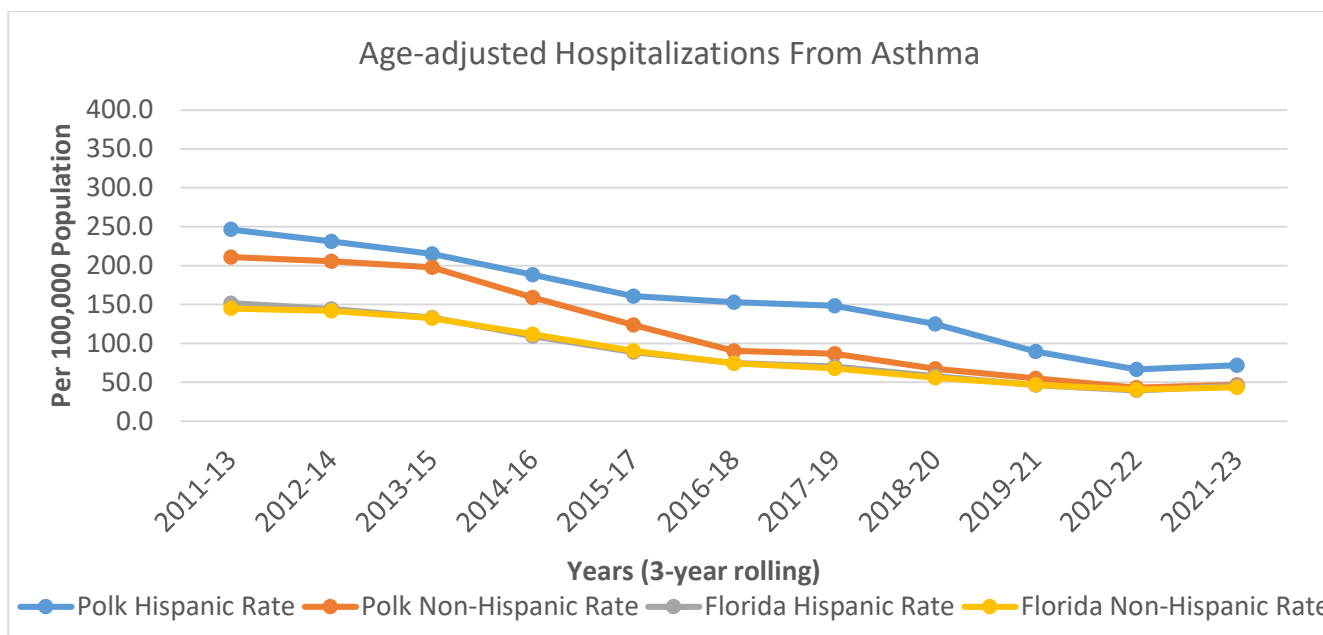
Figure 245. Asthma Hospitalizations by Race



Rates of hospitalization from asthma are higher among the Black population than the white population in both Polk County and across the State of Florida. In Polk County, the Black population is more than twice as likely to be hospitalized from asthma as the white population.

Source: Florida AHCA

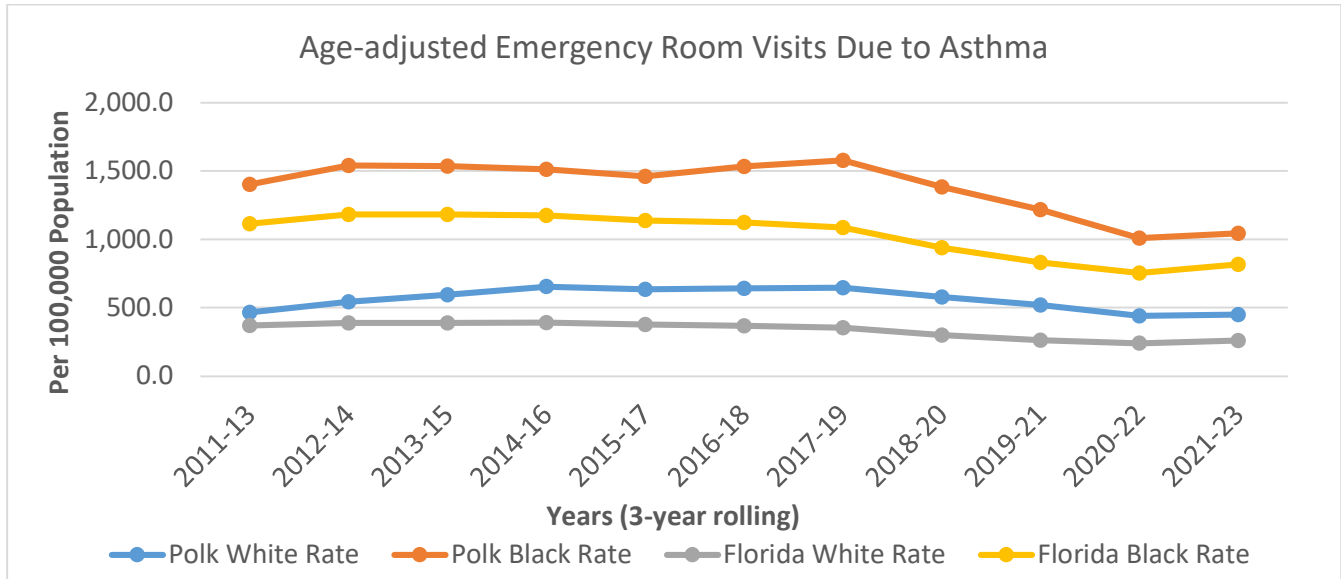
Figure 246. Asthma Hospitalizations by Ethnicity



Rates of hospitalization from asthma are higher among the Hispanic population than the non-Hispanic population in Polk County, whereas rates among the Hispanic and non-Hispanic populations across Florida are generally similar.

Source: Florida AHCA

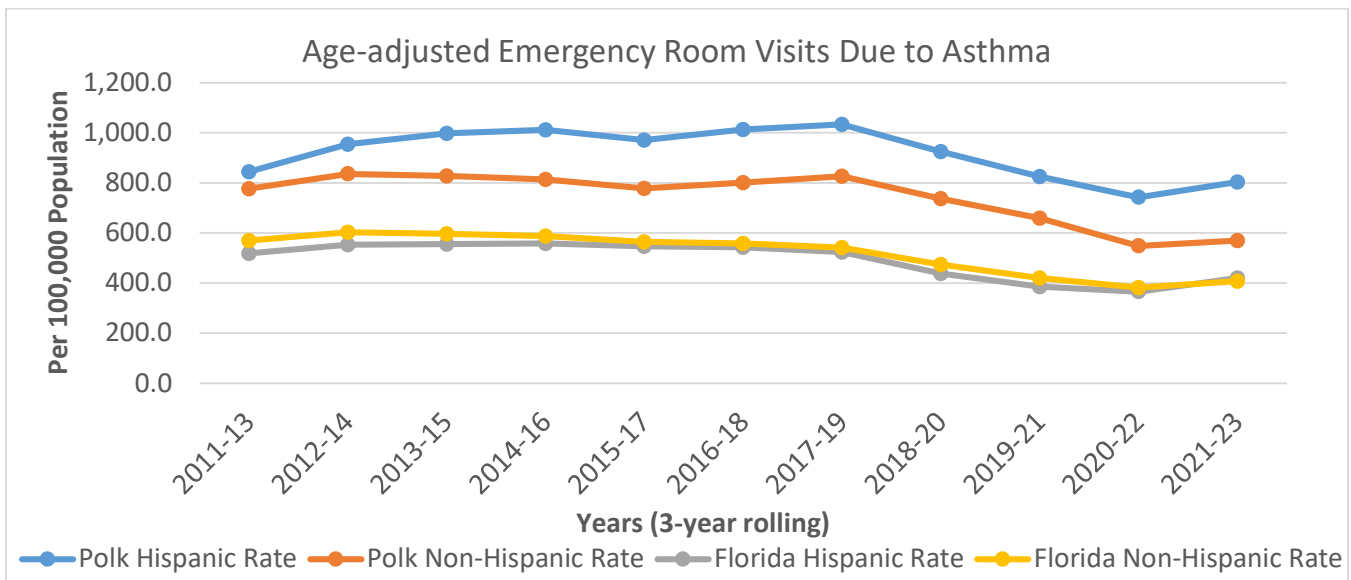
Figure 247. Asthma Emergency Department Visit Rate by Race



The rate of asthma emergency department visits is higher among the Black population in both Polk County and across the State of Florida. In Polk County, the Black population is more than twice as likely to visit the emergency department due to asthma as the white population. This suggests that the Black population may face barriers in managing their asthma and use the emergency room instead of primary care. There are often social and environmental factors that contribute, including lack of access to care.

Source: Florida AHCA

Figure 248. Asthma Emergency Department Visit Rate by Ethnicity



The rate of asthma emergency department visits in Polk has historically been higher among the Hispanic population, while the rate for Florida has generally been similar between the Hispanic and non-Hispanic populations. This suggests that the Hispanic population in Polk may face barriers in managing their asthma and use the emergency room instead of primary care. There are often social and environmental factors that contribute, including lack of access to care.

Source: Florida AHCA

Cancer

Breast Cancer

Breast cancer is a disease in which cells in the breast grow out of control. Breast cancer is the 2nd most common cancer among women in the U.S. (followed by skin cancer). Black women have a higher rate of death from breast cancer than white women.

The main risk factors for breast cancer include being a woman and getting older, while family and personal history also play a role; these risk factors cannot be changed. Some risk factors that can be controlled to reduce cancer risk include maintaining a healthy weight, exercising regularly, and limiting alcohol consumption. Breast cancer screening can help find breast cancer early, when it is easier to treat. The US Preventive Services Task Force recommends that women ages 40-74 years old and are at average risk for breast cancer get a mammogram every 2 years.

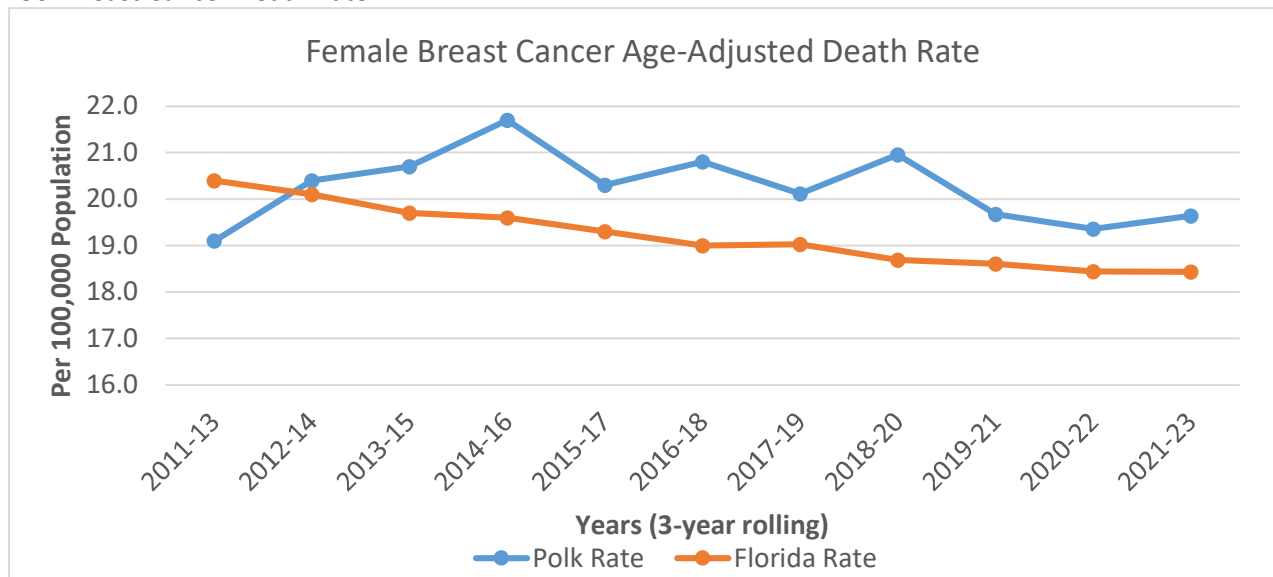
Source: CDC, 2024

Figure 249: Breast Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Women ages 50-74 who report having a mammogram within the past 2 years ¹	Percent	2022	-	-	72.7%	78.0%	80.3%
Age-adjusted death rate for female breast cancer ²	Per 100,000 Females	2021-23	323	3	19.6	18.4	15.3
Age-adjusted incidence rate for female breast cancer (new cases) ³	Per 100,000 Females	2019-21	1,757	2	122.4	127.3	-

Sources: ¹CDC PLACES, ²FDOH Bureau of Vital Statistics, ³Florida Cancer Data System

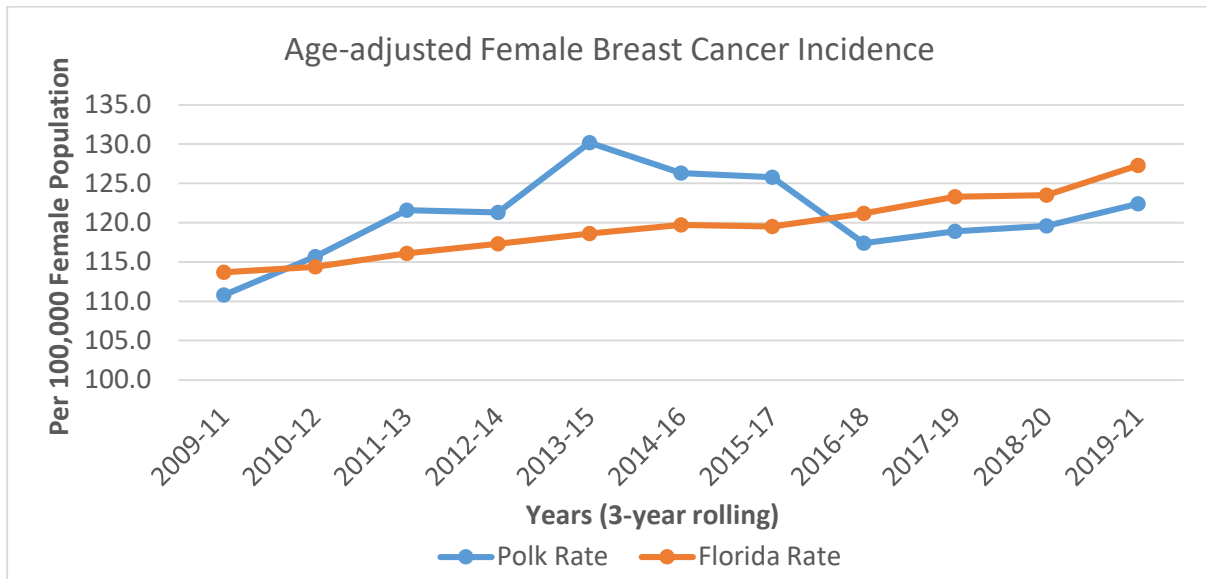
Figure 250. Breast Cancer Death Rate



The breast cancer death rate is slightly higher in Polk than across the State of Florida.

Source: FDOH Bureau of Vital Statistics

Figure 251. Breast Cancer Incidence Rate



The breast cancer incidence rate is slightly higher across the State of Florida than in Polk County, however both rates have increased over the past 10 years.

Source: Florida Cancer Data System

Figure 252: Breast Cancer by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted death rate for female breast cancer ¹	Per 100,000 Females	2021-23	19.6	19.6	20.6	14.5	20.9
Age-adjusted incidence rate for female breast cancer (new cases) ²	Per 100,000 Females	2019-21	122.4	121.7	113.5	91.5	128.6

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

Cervical Cancer

Cervical cancer is a disease in which the cells of the cervix, which connects the vagina (birth canal) to the upper part of the uterus (womb), grow out of control. Cervical cancer occurs most often in women over the age of 30. The main cause of cervical cancer is long-lasting infection with certain types of human papillomavirus (HPV). HPV is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives, but few will get cervical cancer.

Screening tests, including the HPV test and the Pap test/smear, and the HPV vaccine can help prevent cervical cancer. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.

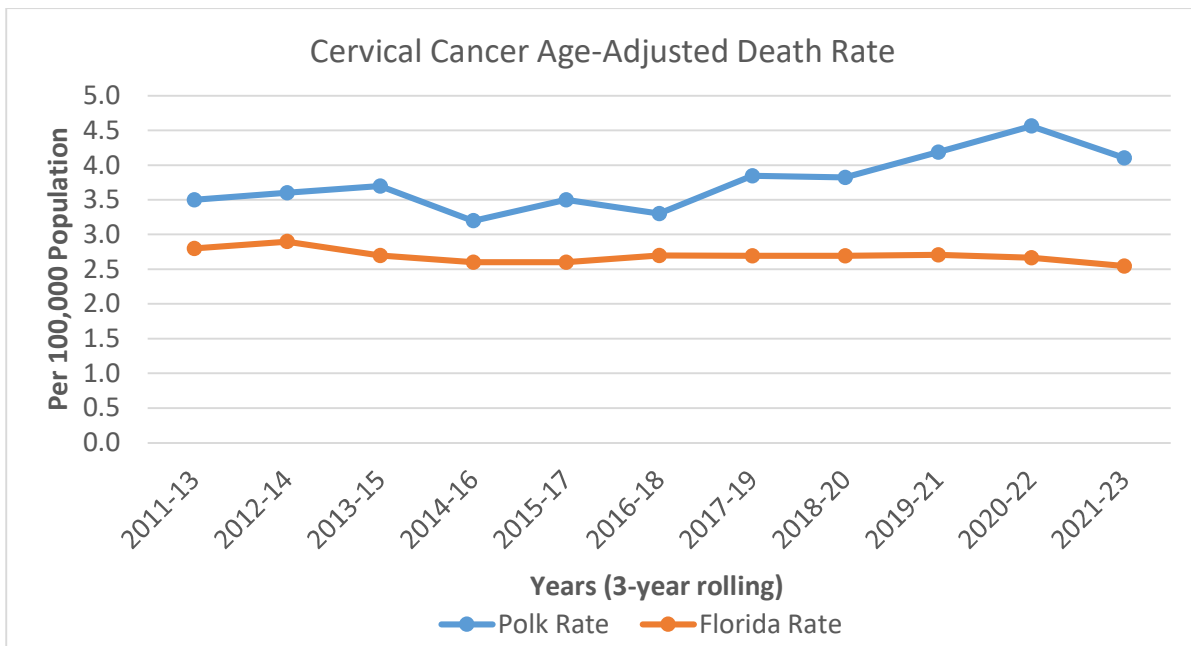
Source: CDC, 2024

Figure 253: Cervical Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Age-adjusted death rate from cervical cancer ¹	Per 100,000 Females	2021-23	55	4	4.1	2.5
Age-adjusted incidence rate for cervical cancer (new cases) ²	Per 100,000 Females	2019-21	130	3	11.6	8.9

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

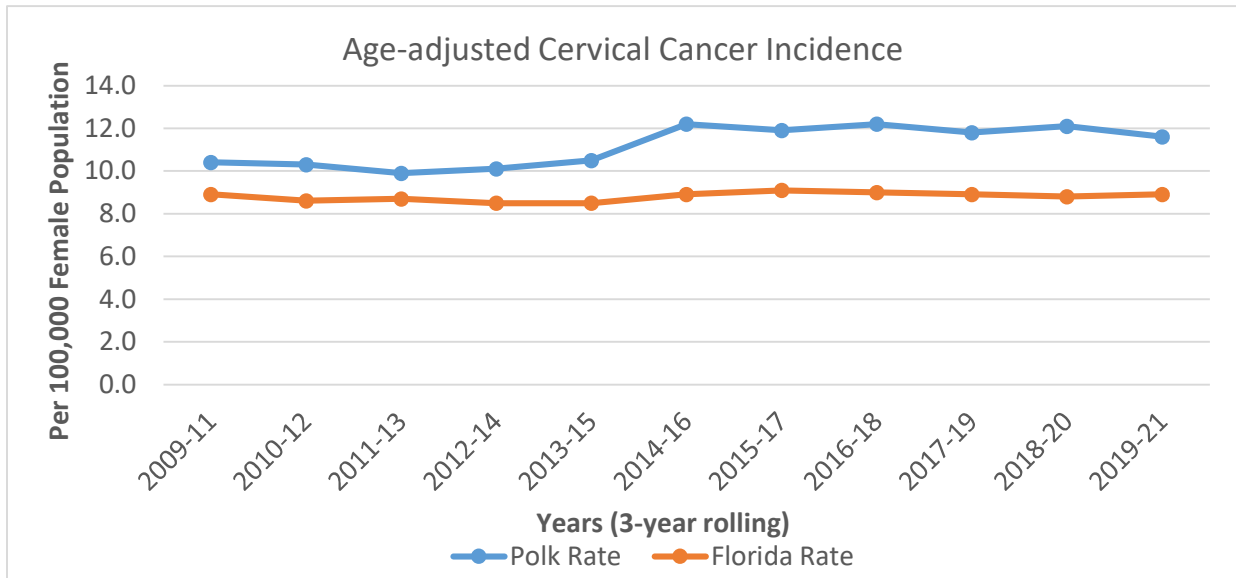
Figure 254. Cervical Cancer Death Rate



The cervical cancer death rate is higher in Polk County than across the State and has increased over the past 10 years.

Source: FDOH Bureau of Vital Statistics

Figure 255. Cervical Cancer Incidence Rate



The cervical cancer incidence rate is higher in Polk County than across the State and has increased over the past 10 years.

Source: Florida Cancer Data System

Figure 256: Cervical Cancer by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted death rate from cervical cancer ¹	Per 100,000 Females	2021-23	4.1	4.2	3.1	5.6	4.0
Age-adjusted incidence rate for cervical cancer (new cases) ²	Per 100,000 Females	2019-21	11.6	12.2	10.9	10.6	12.3

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

Colorectal Cancer

Colorectal cancer is a disease in which cells in the colon (large intestine) or rectum (passageway that connects the colon to the anus) grow out of control. Not counting some kinds of skin cancer, colorectal cancer is the 4th most common cancer in men and women and is the 4th leading cause of cancer-related deaths in the U.S. Colorectal cancer screening, including stool tests, sigmoidoscopy, and colonoscopy, can find abnormal growths in the colon or rectum that can be removed before they turn into cancer. The US Preventive Services Task Force recommends that most people should begin screening for colorectal cancer soon after turning 45.

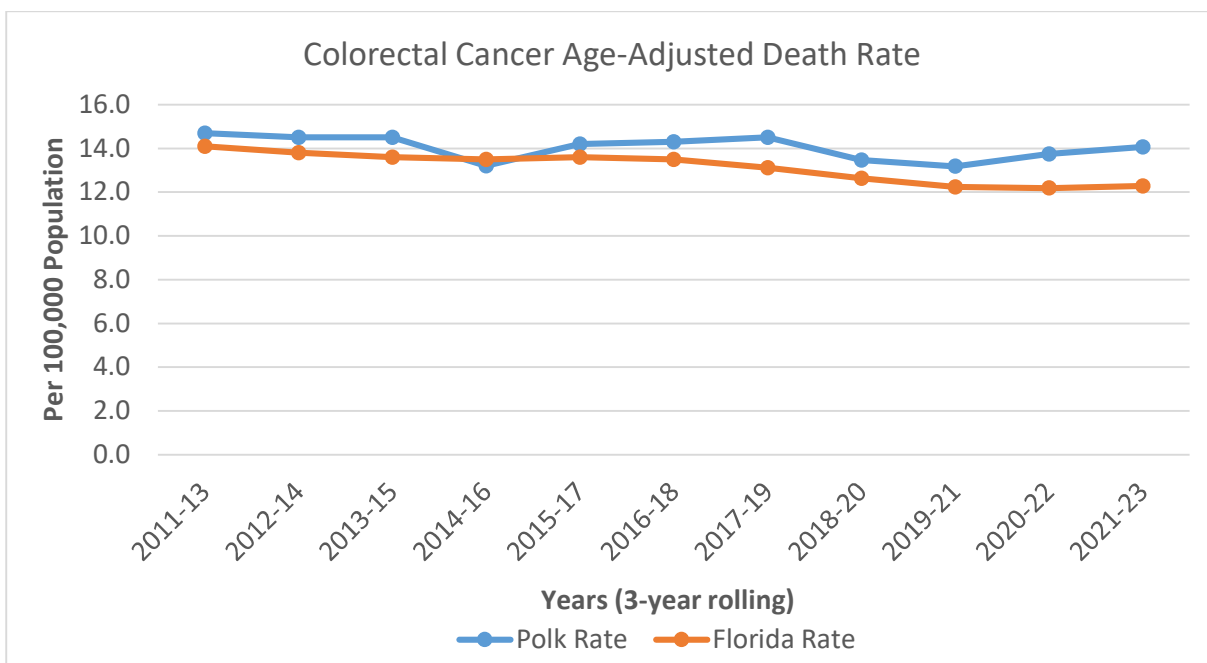
Source: CDC, 2024

Figure 257: Colorectal Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Age-adjusted death rate from colorectal cancer ¹	Per 100,000	2021-23	445	3	14.1	12.3	8.9
Age-adjusted incidence rate for colorectal cancer (new cases) ²	Per 100,000	2019-21	1,102	3	38.7	35.1	-

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

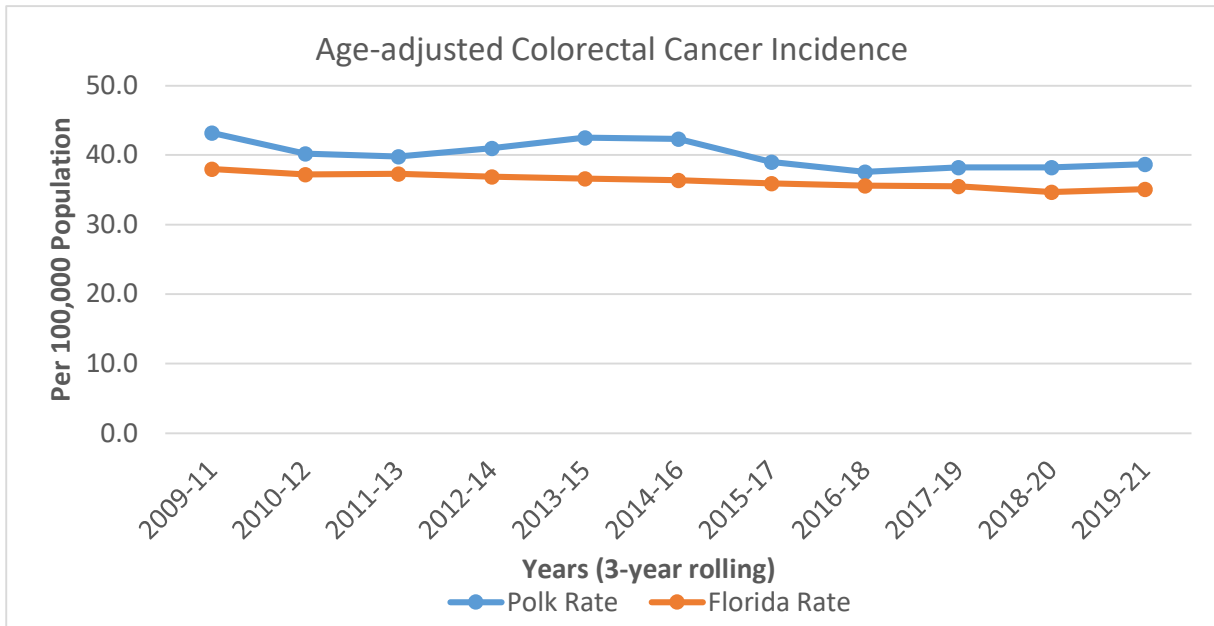
Figure 258. Colorectal Cancer Death Rate



The colorectal cancer death rate is slightly higher in Polk County than the across the State of Florida.

Source: FDOH Bureau of Vital Statistics

Figure 259. Colorectal Cancer Incidence Rate



The colorectal cancer incidence rate is slightly higher in Polk County than the across the State of Florida.

Source: Florida Cancer Data System

Figure 260: Colorectal Cancer by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted death rate from colorectal cancer ¹	Per 100,000	2021-23	14.1	13.8	17.8	10.5	14.9
Age-adjusted incidence rate for colorectal cancer (new cases) ²	Per 100,000	2019-21	38.7	38.6	40.2	29.6	41.0

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

Lung Cancer

Lung cancer is a disease in which cells in the lungs grow out of control. Lung cancer is the 3rd most common cancer in the U.S. More people in the U.S. (men and women) die from lung cancer than any other type of cancer. Most lung cancers are found after the cancer has spread to other parts of the body, when survival is the lowest. Lung cancer screening can find cancer earlier, when treatment works better. Lung cancer screening is recommended for people who are at high risk because of their smoking history and age.

Cigarette smoking causes about 80% to 90% of lung cancer deaths in the U.S. The most important thing you can do to prevent lung cancer is to not start smoking, or, if you smoke, to quit. Lung cancer can also be caused by using other types of tobacco (such as pipes or cigars), breathing secondhand smoke, and being exposed to substances such as asbestos or radon at home or work.

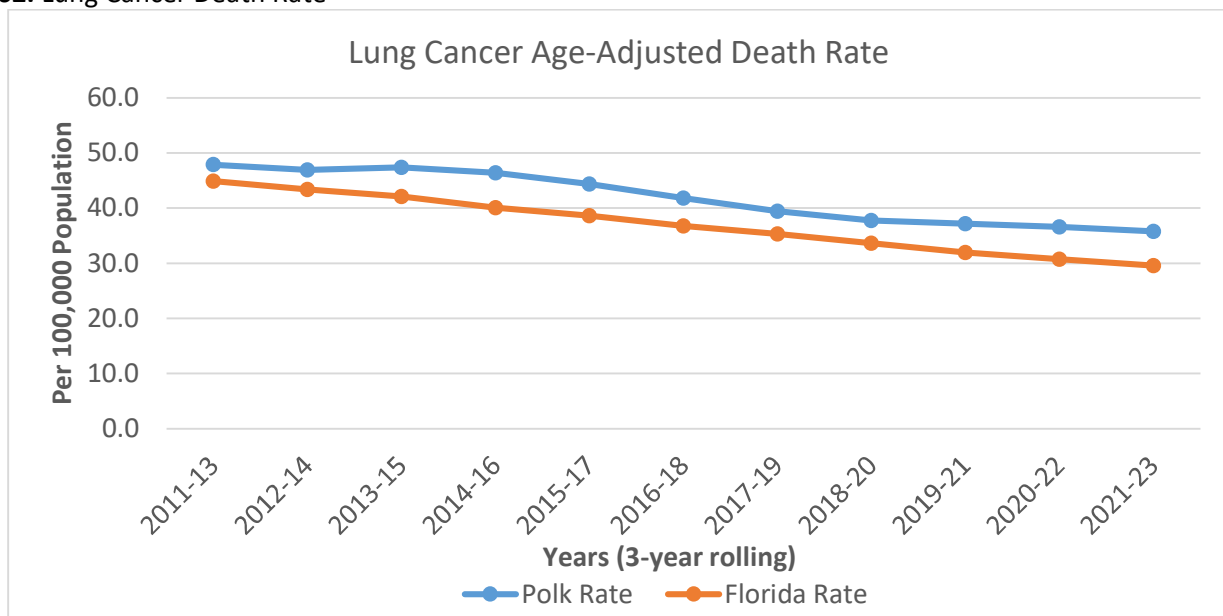
Source: CDC, 2023-2024

Figure 261: Lung Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Age-adjusted death rate from lung cancer ¹	Per 100,000	2021-23	1,214	2	35.8	29.6	25.1
Age-adjusted incidence rate for lung cancer (new cases) ²	Per 100,000	2019-21	1,916	2	59.8	52.3	-

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

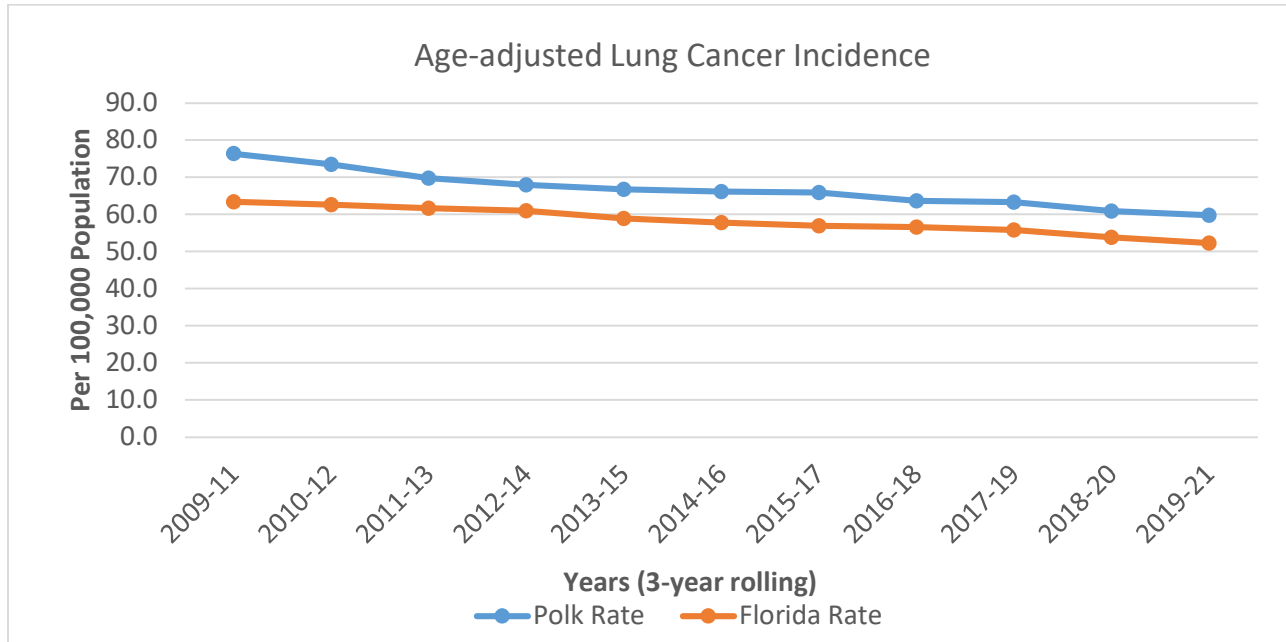
Figure 262. Lung Cancer Death Rate



The lung cancer death rate is higher in Polk County than across the State of Florida.

Source: FDOH Bureau of Vital Statistics

Figure 263. Lung Cancer Incidence Rate



The lung cancer incidence rate is higher in Polk County than across the State of Florida.

Source: Florida Cancer Data System

Figure 264. Lung Cancer by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted death rate from lung cancer ¹	Per 100,000	2021-23	35.8	37.8	27.3	17.2	38.7
Age-adjusted incidence rate for lung cancer (new cases) ²	Per 100,000	2019-21	59.8	62.5	46.2	28.1	64.5

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

Melanoma

Skin cancer is a disease in which cells in the skin grow out of control. Skin cancer is the most common form of cancer in the U.S. Melanoma is the 3rd most common type of skin cancer, however it is more dangerous than the other two types of skin cancer and causes more deaths because of its tendency to spread to other parts of the body. Most cases of skin cancer are caused by overexposure to ultraviolet (UV) rays. UV rays are an invisible kind of radiation that comes from the sun, tanning beds, and sunlamps. UV rays can penetrate and damage skin cells. Protection from UV radiation year-round is important in preventing skin cancer. Staying in the shade, wearing covering clothing, and using sunscreen are all ways to prevent exposure to UV radiation.

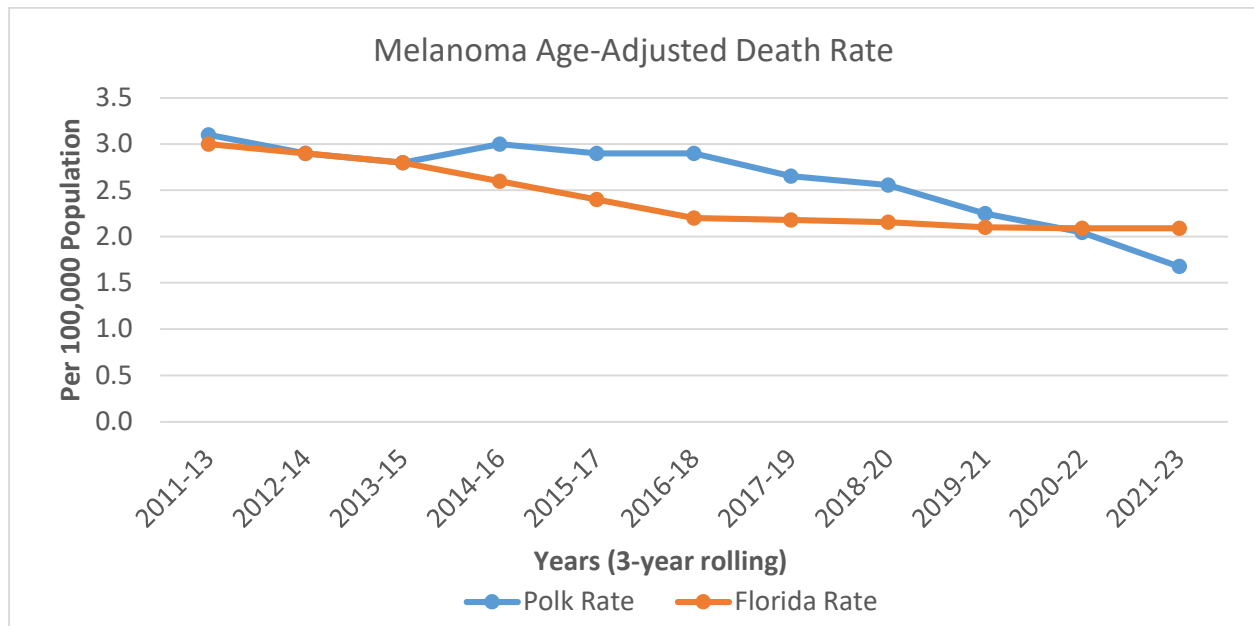
Source: CDC, 2024

Figure 265. Melanoma

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Age-adjusted death rate from melanoma ¹	Per 100,000	2021-23	54	1	1.7	2.1
Age-adjusted incidence rate for melanoma (new cases) ²	Per 100,000	2019-21	780	3	27.7	25.3

Sources: ¹ FDOH Bureau of Vital Statistics; ² Florida Cancer Data System

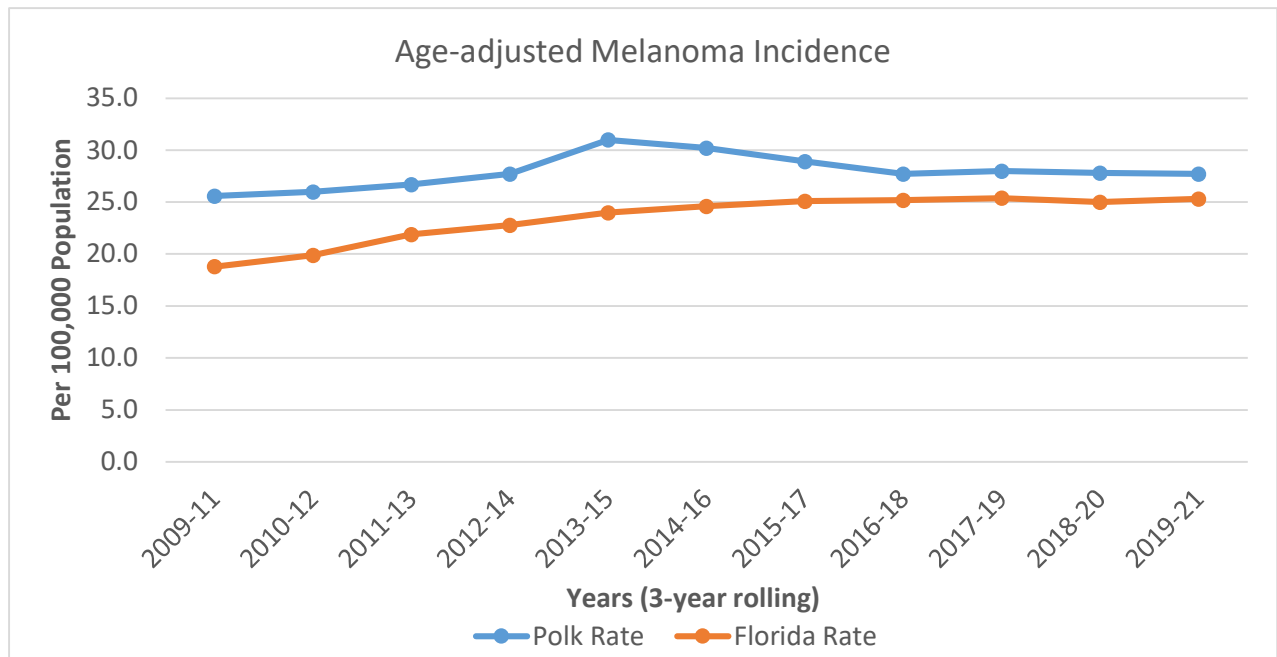
Figure 266. Melanoma Death Rate



The rate of deaths from melanoma became higher across the State of Florida than in Polk County in recent years.

Source: FDOH Bureau of Vital Statistics

Figure 267. Melanoma Incidence Rate



The rate of melanoma incidence remains higher in Polk County than across the State.

Source: Florida Cancer Data System

Figure 268: Melanoma by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted death rate from melanoma ¹	Per 100,000	2021-23	1.7	1.9	0.2	0.3	1.9
Age-adjusted incidence rate for melanoma (new cases) ²	Per 100,000	2019-21	27.7	32.8	0.3	1.7	33.2

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

Prostate Cancer

Prostate cancer is a disease in which the cells of the prostate, part of the male reproductive system, grow out of control. Prostate cancer is the 2nd most common cancer in American men (followed by skin cancer). All men are at risk for prostate cancer; however the most common risk factor is age. The older a man gets, the greater his chance of getting prostate cancer. African American men are more likely to get prostate cancer than other men, and are more than twice as likely to die from prostate cancer than other men. Men who have a family history of prostate cancer are also at increased risk. Prostate cancer screening can detect cancers early before they spread. There is no standard test to screen for prostate cancer. Two tests, the prostate specific antigen (PSA) test, and a digital rectal examination (DRE) are commonly used to screen for prostate cancer.

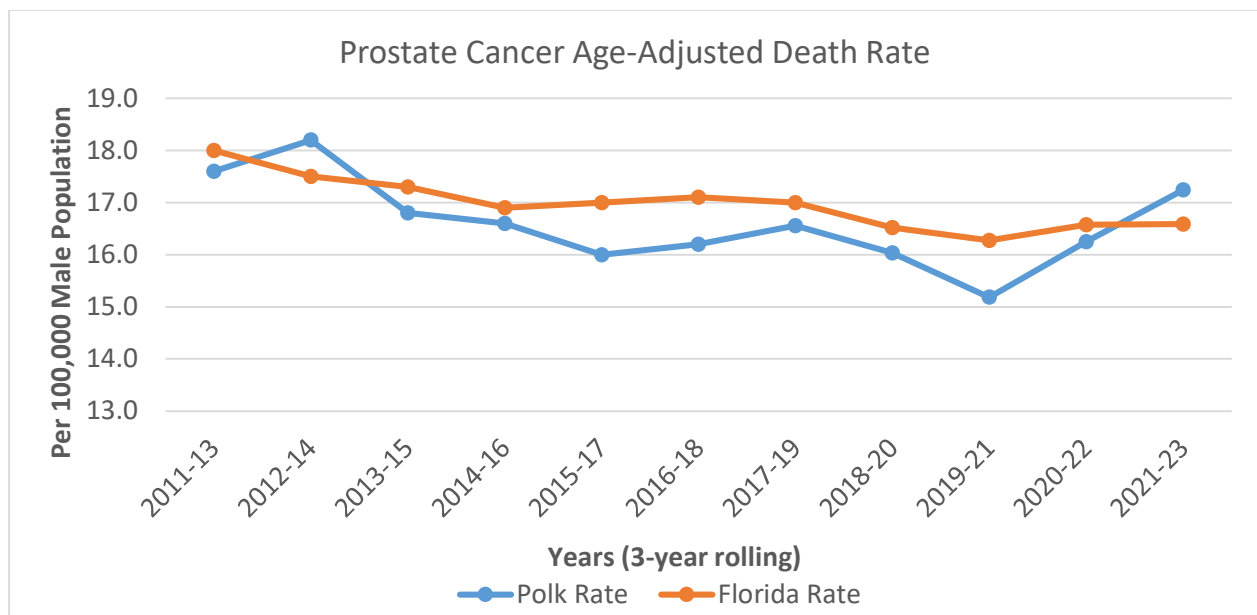
Source: CDC, 2024

Figure 269: Prostate Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Age-adjusted death rate from prostate cancer ¹	Per 100,000 males	2021-23	267	2	17.2	16.6	16.9
Age-adjusted incidence rate for prostate cancer (new cases) ²	Per 100,000 males	2019-21	1,655	4	110.1	98.8	

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

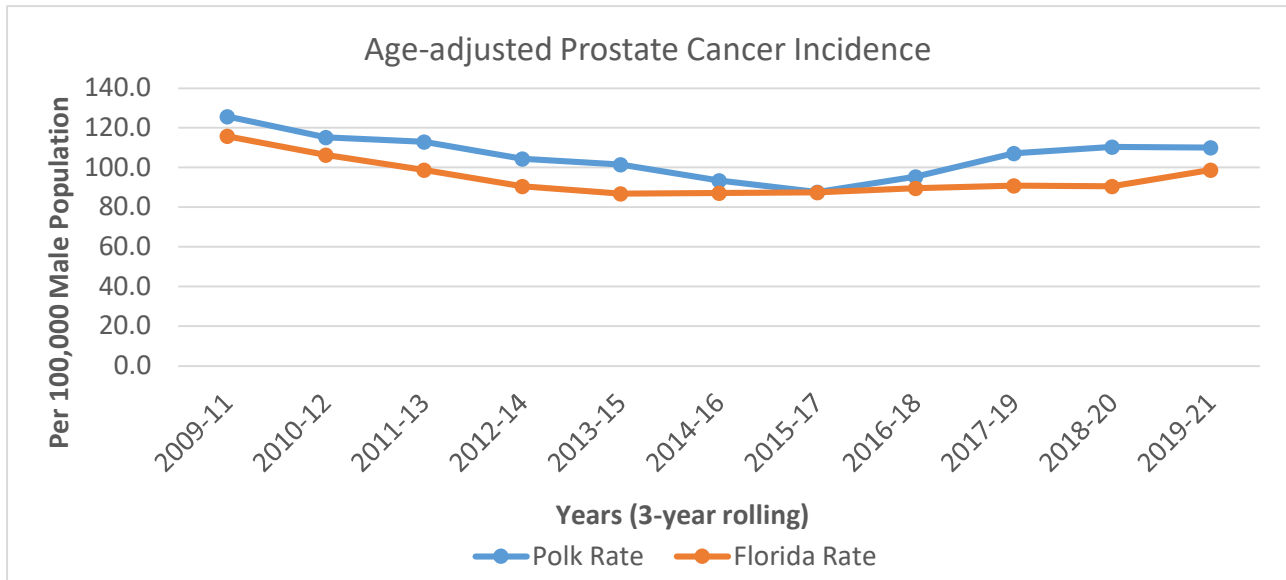
Figure 270. Prostate Cancer Death Rate



The prostate cancer death rate has decreased slightly over the past 10 years and is slightly higher in Polk County than across the State as of 2021-2023.

Source: FDOH Bureau of Vital Statistics

Figure 271. Prostate Cancer Incidence Rate



The prostate cancer incidence rate has decreased over the past 10 years and is slightly higher in Polk County than across the State.

Source: Florida Cancer Data System

Figure 272. Prostate Cancer by Race and Ethnicity

Indicator	Measure	Year(s)	Polk	Race		Ethnicity	
				White	Black	Hispanic	Non-Hispanic
Age-adjusted death rate from prostate cancer ¹	Per 100,000 males	2021-23	17.2	16.2	28.0	17.7	17.3
Age-adjusted incidence rate for prostate cancer (new cases) ²	Per 100,000 males	2019-21	110.1	101.4	172.0	79.0	114.8

Sources: ¹FDOH Bureau of Vital Statistics, ²Florida Cancer Data System

Child and Adolescent Health

The experiences that young people face have a big impact on their overall well-being. Their health care, relationships, and economic situations play a role in how they grow mentally, physically, and socially. These factors shape their development and have a lasting impact on their lives.

Source: HRSA, 2024

The following section contains indicators specific to child and adolescent health. Many of these indicators, as well as narrative information, can also be found within the relevant *Health Topic* sections of this document.

Sociodemographic Characteristics

As with any other population, where children and adolescents live, play, and go to school has an impact on their health.

Figure 273. Sociodemographic Characteristics

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Percent of students eligible for free/reduced lunch¹						
Pre-K	Percent	2024	1,831	3	66.1%	60.4%
Kindergarten	Percent	2024	4,945	3	60.3%	55.4%
Elementary school	Percent	2024	33,657	3	66.0%	53.8%
Middle school	Percent	2024	17,169	4	64.8%	50.5%
Percent below poverty level²						
Ages 0-17	Percent	2023	-	3	22.4%	17.7%
Food Insecurity³						
Child food insecurity rate	Percent	2022	-	2	20.8%	19.1%
Health Insurance						
Children without health insurance ages 0-17 ²	Percent	2023	-	2	7.0%	7.4%
Children <5 covered by KidCare (Medikids) ⁴	Percent	2023	1,013	3	2.9%	2.4%
Children <21 served by Florida's Children's Medical Services Managed Care Plan (CMS Plan) ⁵	Percent	2021-23	15,677	3	2.7%	2.3%
Children in Single-Parent Households²						
Ages 0-17	Percent	2023	-	3	26.6%	27.4%
Children in foster care⁶						
Ages 1-4	Per 100,000	2022	339	2	987.2	815.9
Ages 5-11	Per 100,000	2023	298	2	439.4	398.6
Ages 12-17	Per 100,000	2023	243	2	397.4	372.3
Medical foster care children ⁵	Count	2023	32	-	-	360
Children experiencing child abuse⁶						
Ages 5-11	Per 100,000	2021-23	1,202	2	605.1	483.8
Children experiencing sexual violence⁶						
Ages 5-11	Per 100,000	2021-23	94	2	47.3	42.0
Disability²						
Hearing Difficulty ages 0-17	Percent	2021-23	2,508	2	0.5%	0.5%
Vision Difficulty ages 0-17	Percent	2021-23	4,832	3	1.0%	0.8%

Children in Polk County are likely to be without health insurance at a similar rate as children across Florida (7.0% versus 7.4%). Children in Polk County have higher rates of foster care placement than children of the same age across the State of Florida. Children in Polk County also experience abuse (605.1 per 100,000) and sexual violence (47.3 per 100,000) at higher rates than children across the State of Florida (483.8 per 100,000 and 42.0 per 100,000, respectively).




















Source: ¹FDOE; ²US Census Bureau, ACS; ³Feeding America; ⁴Florida AHCA; ⁵FDOH, Children's Medical Services Managed Care Plan; ⁶DCF, Florida Safe Families Network

Social-Emotional Development

Mental health in childhood means reaching developmental and emotional milestones, learning healthy social skills, and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities. Early diagnosis and access to services for children and their families can make a difference in the lives of children with mental health conditions.

Source: CDC, 2024

Figure 274. Social-Emotional Development

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Preschool-aged children						
Infants and Toddlers served by Early Steps (0-2 years) ¹	Percent	2022-23	732		54.3%	47.2%
Children with disabilities receiving pre-K services (3-5 years) ³	Per 1,000	2023	808		309.7	363.4
Children participating in voluntary pre-K programs ³	Percent	2023	2,609		29.7%	28.0%
School Readiness at Kindergarten Entry ³	Percent	2024	-		44.0%	51.0%
Children receiving mental health treatment services (ages 1-5 years) ²	Per 1,000	2023	125		2.8	1.9
School-aged Children³						
Students in 3 rd grade with a passing grade on Florida Standards Assessment (FSA) English Language Arts	Percent	2022	-		48.0%	53.0%
Students absent 21+ days (Grades K-12)	Percent	2023	-		24.0%	19.4%
High school graduation rate	Percent	2022-23	-		78.3%	88.0%
Out of school suspensions (Grades K-12)	Per 1,000 students	2021-23	39,275		121.6	55.6
Students with Emotional/Behavioral Disability (Grades K-12)	Percent	2024	236		0.2%	0.4%
School Safety						
Middle school students who did not go to school in the past 30 days because they felt they would be unsafe ⁴	Percent	2024	-		15%	10.6%
High school students who did not go to school in the past 30 days because they felt they would be unsafe ⁴	Percent	2024	-		7.2%	8.5%
School Environmental Safety Incidents (Grades K-12) ³	Per 1,000 students	2021-23	12,582		39.0	33.6
School Promotion³						
Elementary school students not promoted	Percent	2023	2,175		4.3%	2.6%
Middle school students not promoted	Percent	2023	449		1.7%	1.6%
Hospitalizations from non-fatal self-harm injuries⁵						
Ages 12-18	Per 100,000	2021-23	198		96.8	75.3
Hospitalizations from or with eating disorders⁵						
Ages 12-18	Per 100,000	2021-23	107		52.3	71.2
Arrests⁶						
Youths Arrested (10-17 years)	Per 1,000	2021-23	7,271		30.9	18.5
Juvenile Drug Arrests (0-17 years)	Per 100,000	2021-23	446		189.8	159.1

Although a higher percentage of children in Polk County participate in voluntary pre-K programs (29.7%) than across the State of Florida (28.0%), children in Polk County are less likely to be ready for school at kindergarten entry (44.0%) than children across the state (51.0%). Polk County is in the 4th quartile for high school graduation rates, out-of-school suspensions, and youths arrested (ages 0-17). Polk is in the 3rd quartile for hospitalizations for intentional self-inflicted injuries ages 12-18 (96.8 per 100,000) with a higher rate than the state (75.3 per 100,000).

Sources: ¹FDOH Bureau of Early Steps and Newborn Screening; ²DCF; ³FDOE; ⁴FYTS; ⁵Florida AHCA; ⁶Florida DJJ














Modifiable Risks and Behaviors

At a very young age, children develop habits and behaviors that can affect their lifelong health. Health-risk behaviors, including substance use and sexual activity, can affect the development of children and adolescents. Other behaviors, including diet and exercise, can either serve as risk or protective factors for children and adolescents.

Source: CDC, 2024

Weight Status

Figure 275. Weight Status

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Healthy Weight¹					
Middle school students who are at a healthy weight	Percent	2024		65.4%	63.4%
High school students who are at a healthy weight	Percent	2024		58.7%	66.2%
Overweight & Obesity					
WIC children ≥ 2 who are overweight or obese ²	Percent	2023		28.7%	29.0%
WIC children ≥ 2 who are overweight ²	Percent	2023		14.2%	14.2%
WIC children ≥ 2 who are obese ²	Percent	2023		14.5%	14.8%
Middle school students who are overweight or obese ¹	Percent	2024		31.4%	32.0%
High school students who are overweight or obese ¹	Percent	2024		36.4%	29.5%
Middle school students who are overweight ¹	Percent	2024		13.8%	17.3%
High school students who are overweight ¹	Percent	2024		18.1%	15.1%
Middle school students who are obese ¹	Percent	2024		17.5%	14.7%
High school students who are obese ¹	Percent	2024		18.3%	14.4%
Physical Activity¹					
Middle school students who were physically active for at least 60 minutes on all seven of the past days	Percent	2024		15.7%	21.0%
High school students who were physically active for at least 60 minutes on all seven of the past days	Percent	2024		18.8%	19.6%

Children in Polk County ages 2 and older who are WIC clients have similar rates of overweight and obesity (28.7%) than WIC children of the same age across the State of Florida (29.0%). Middle school students in Polk County are more likely to be obese (17.5%) than middle school students statewide (14.7%). High school students in Polk County are also more likely to be obese (18.3%) than high school students statewide (14.4%).

Sources: ¹FYTS; ²FDOH WIC

Substance Use

Figure 276. Substance Use

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Tobacco Use¹					
Students smoking cigarettes in the past 30 days					
Middle school	Percent	2022	2	0.7%	0.8%
High school	Percent	2022	2	1.9%	1.4%
Students who have smoked 100 cigarettes in their lifetime					
Middle school	Percent	2022	-	0.7%	0.3%
High school	Percent	2022	2	1.0%	1.0%
Students who have used an Electronic Vapor Product in the past 30 days					
Middle school	Percent	2022	3	8.9%	6.6%
High school	Percent	2022	3	20.7%	15.2%
Student users of Electronic Vapor Products who have [ever] used an Electronic Vapor Product with nicotine					
Middle School	Percent	2022	1	48.2%	48.8%
High School	Percent	2022	1	60.1%	65.4%
Student users of Electronic Vapor Products who have [ever] used an Electronic Vapor Product with marijuana oil					
Middle School	Percent	2022	3	26.4%	21.6%
High School	Percent	2022	3	45.4%	42.2%
Students who used cigarettes, cigars, smokeless tobacco, hookah, or electronic vapor products in the past 30 days					
Middle school	Percent	2022	3	10.2%	8.0%
High school	Percent	2022	3	23.4%	17.8%
Alcohol Use²					
Percent of students who have drunk alcohol in the past 30 days					
Middle school	Percent	2022	3	8.3%	6.7%
High school	Percent	2022	3	17.7%	15.5%
Percent of students reporting binge drinking					
Middle school	Percent	2022	3	4.6%	3.0%
High school	Percent	2022	2	8.1%	7.5%
Marijuana Use²					
Percent of students using marijuana/hashish in the past 30 days					
Middle school	Percent	2022	2	3.0%	3.0%
High school	Percent	2022	3	15.0%	12.2%
Percent of students who have vaped marijuana in the past 30 days					
Middle School	Percent	2022	2	3.0%	2.9%
High School	Percent	2022	3	11.8%	9.7%

While rates of cigarette smoking among Polk County middle and high school students are similar to the rates among Florida middle school and high school students, current (in the past 30 days) use of Electronic Vapor Products (EVPs) are higher among Polk County students compared to students across the state of Florida. Among students who use EVPs, Polk students are less likely to use them with nicotine and more likely to use them with marijuana oil compared to Florida students; however, most Polk students who use EVPs do so with nicotine.










Current rates of alcohol use and binge drinking are higher among Polk County middle and high school students compared to middle and high school students across the State of Florida.

While rates of current marijuana use are higher among Polk County *high* school students (15.0%) compared to Florida *high* school students (12.2%), rates of marijuana use are similar among Polk County and Florida *middle* school students (3.0%). Similarly, Polk County *high* school students currently vape marijuana at a higher rate than FL *high* school students while *middle* school students vape marijuana at similar rates in Polk (3.0%) and Florida (2.9%).

Sources: ¹ FYTS; ² FYSAS

Sexual Activity

Figure 277. Sexual Activity

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births to teens¹						
Ages 15-19	Per 1,000 females 15-19	2021-23	1,352		19.1	13.2
Ages 15-17	Per 1,000 females 15-17	2021-23	306		7.1	5.4
Ages 18-19	Per 1,000 females 18-19	2021-23	1,046		37.7	25.1
Repeat births to teens¹						
Ages 15-19	Percent of births 15-19	2021-23	194		14.3%	12.9%
Ages 15-17	Percent of births 15-17	2021-23	18		5.9%	6.3%
Ages 18-19	Percent of births 18-19	2021-23	176		16.8%	15.1%
Sexually Transmitted Diseases (STDs)²						
HIV infection cases ages 13-19	Per 100,000	2021-23	26	-	12.8	7.3
Bacterial STDs ages 15-19	Per 100,000	2021-23	4,152		2,867.9	2,590.0
Chlamydia among ages 15-19	Per 100,000	2021-23	3,205		2,213.7	2,002.2
Gonorrhea among ages 15-19	Per 100,000	2021-23	899		621.0	548.1
Syphilis (infectious) among ages 15-19	Per 100,000	2021-23	22	-	15.2	14.8

Births to teens in Polk County have declined over time, however rates are still higher in Polk County than across the state. Rates of HIV and bacterial STDs among youth are significantly higher in Polk County than across the state.

With the passage of HB 1069 in May 2023, the Department of Education (DOE) became responsible for approving all instructional materials used to teach reproductive health lessons in all 67 Florida schools districts on an annual basis. As a result, there was no sexual education curriculum approved to be taught in Polk County Public Schools (PCPS) during the 2023-2024 school year; however, a curriculum was approved and taught in PCPS schools for the 2024-2025 school year.

Sources: ¹FDOH Bureau of Vital Statistics, ²FDOH Bureau of Communicable Diseases

Immunizations and Infectious Disease

Vaccines help the body's immune system learn how to fight germs. It typically takes a few weeks for protection to develop after vaccination, but that protection can last a lifetime. A few vaccines require the occasional booster dose to maintain the body's defenses. Childhood vaccines protect children from a variety of serious or potentially fatal diseases, including measles, mumps, rubella, tetanus, whooping cough (pertussis), and others.

Sources: CDC, 2024; Mayo Clinic, 2024

Figure 278. Immunizations and Infectious Diseases

Indicator	Measure	Year(s)	Polk County			Florida	
			Count	Quartile	Rate	Count	Rate
Immunizations							
Two-year-old children fully immunized: basic immunization series	Percent	2022	-	-	77.0%	-	76.6%
Immunization levels (Kindergarten)	Percent	2023	8,639	2	93.2%	203,920	90.6%
Immunization Levels (7 th grade)	Percent	2023	9,158	2	95.9%	227,760	93.6%
Infectious Disease							
Hepatitis A (5-21 years)	Count	2021-23	1	-	-	30	-
Hepatitis B, Acute (5-21 years)	Count	2021-23	4	-	-	74	-
Hepatitis B, Chronic (5-21 years)	Per 100,000 (5-21 years)	2021-23	3	-	0.6	-	2.7
Haemophilus Influenzae Invasive Disease (0-4 years)	Per 100,000 population (0-4 years)	2021-23	4	-	3.1	121	3.5
Measles (0-4 years)	Count	2023	0	-	-	2	-
Measles (5-21 years)	Count	2021-23	0	-	-	0	-
Meningococcal disease (5-21 years)	Count	2021-23	0	-	-	15	-
Mumps (5-21 years)	Count	2021-23	0	-	-	8	-
Pertussis (5-21 years)	Per 100,000 (5-21 years)	2021-23	6	-	0.3	-	0.3
Shiga Toxin-Producing Escherichia coli (STEC) Infection (0-9 years)	Per 100,000 (0-9 years)	2021-23	22	-	8.2	-	11.5
Hemolytic Uremic Syndrome (0-9 years)	Count	2021-23	2	-	-	15	-
Streptococcus Pneumoniae Invasive Disease (0-5 years)	Per 100,000 (0-5 years)	2021-23	10	-	6.4	241	5.8
Varicella (5-21 years)	Per 100,000 (5-21 years)	2021-23	21	-	4.3	-	3.5

Polk County has higher rates of two-year-old children (77.0%) and Kindergarten children (93.2%) who are fully immunized than across the State of Florida (76.6% and 90.6%, respectively). Polk County also has higher rates of 7th graders that are fully immunized (95.9%) than children of the same age across the state (93.6%).

Source: FDOH Bureau of Epidemiology

Potentially Avoidable Hospitalizations

Asthma is a leading chronic illness among children and adolescents in the U.S. If a child has asthma, they have it all of the time but will only experience an asthma attack when something is bothering their lungs. An asthma attack may include coughing, chest tightness, wheezing, and trouble breathing. Asthma symptoms can be controlled by knowing the warning signs of an asthma attack, avoiding triggers (such as dust mites, tobacco smoke, furry pets, cockroaches, mold etc.) and taking medications prescribed by a health care provider if needed. Triggers for one person with asthma can be unique to them so it is important that an individual know their triggers and how to avoid them.

Childhood obesity rates are rising, and so are the rates of type 2 diabetes among youth. Risk factors for the development of type 2 diabetes in children include being overweight or obese, having a family member with type 2 diabetes, being born to someone with gestational diabetes, having high cholesterol, and having high blood pressure. If a child has any two of the risk factors listed, parents are advised to talk to their doctor about getting their blood sugar tested. Parents can help prevent or delay the onset of type 2 diabetes in children by developing a plan for the whole family to drink more water and less sugary drinks, eat more fruits and vegetables, and making physical activity fun. Type 2 diabetes can also be managed through healthy eating and an active lifestyle, and also by taking medications prescribed by a health care professional.

Source: CDC, 2024

Figure 279. Potentially Avoidable Hospitalizations









Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Asthma hospitalizations						
Ages 1-5	Per 100,000	2021-23	704	3	537.0	454.8
Ages 5-11	Per 100,000	2021-23	602	3	303.0	269.3
Ages 12-18	Per 100,000	2021-23	1,084	3	529.8	420.1
Diabetes hospitalizations						
Ages 1-5	Per 100,000	2021-23	31	-	23.6	20.0
Ages 5-11	Per 100,000	2021-23	104	3	52.4	40.9
Ages 12-18	Per 100,000	2021-23	299	3	146.1	117.1

Polk County has higher rates of asthma hospitalizations and diabetes hospitalizations among youth of all age groups than the state.

Source: Florida AHCA

Emergency Department (ED) Visits

Figure 280. Emergency Department Visits

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
ED Visits						
Ages 0-5	Per 100,000	2021-23	147,403		93,824.8	64,114.1
Ages 5-19	Per 100,000	2021-23	209,987		48,631.1	34,053.9
ED Visits from Asthma						
Ages 0-4	Per 100,000	2021-23	1,843		1,426.9	1,040.8
Ages 0-17	Per 100,000	2021-23	5,944		1,179.6	767.2
ED Visits from Mental Disorders						
Ages 0-17	Per 100,000	2021-23	2,141		424.9	367.2
ED Visits from Non-Fatal Injuries						
Unintentional Poisonings ages 1-5	Per 100,000	2021-23	642		489.7	320.1
Unintentional falls ages 1-5	Per 100,000	2021-23	6,866		5,237.0	4,103.9
Motor Vehicle related injuries ages 1-5	Per 100,000	2021-23	711		542.3	353.4

Rates of emergency room visits among youth – including emergency rooms visits from asthma, mental disorders, and non-fatal injuries – are higher in Polk County than across the state.



Source: Florida AHCA

Cancer

Although cancer in children is rare compared with cancer typically diagnosed in adults, cancer is still the leading cause of death from disease among children throughout the United States. The good news is that cancer death rates among children ages 0-14 have dropped nearly 70% over the past 40 years.

Source: CDC, 2024

Figure 281. Childhood Cancer Incidence

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Ages 0-4	Per 100,000	2019-2021	31		25.4	23.6
Ages 5-9	Per 100,000	2019-2021	25	-	19.3	14.2
Ages 10-14	Per 100,000	2019-2021	27	-	19.8	14.5
Ages 15-19	Per 100,000	2019-2021	51		38.5	27.3

Incidence of cancer among children of all age groups (0-19 years of age) is higher among Polk County children than children across the state.

Source: Florida Cancer Data System

Injuries and Violence

Injuries and violence are serious public health problems in the U.S that affect people in all stages of life. Youth violence is an adverse childhood experiences and a type of community violence that can limit life opportunities, lead to emotional and physical health problems, and shorten lives. The most common mechanisms of injuries and violence vary by age group; for more information, see the *Injury Prevention & Safety* section on page 214.

Source: CDC, 2024

Figure 282. Injury Hospitalizations

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Hospitalizations from Non-Fatal Unintentional Injury						
Ages 1-5	Per 100,000	2021-23	163	2	124.3	117.6
Ages 5-9	Per 100,000	2021-23	113	2	80.9	83.2
Ages 10-19	Per 100,000	2021-23	456	2	156.1	159.3
Hospitalizations from Non-Fatal Motor Vehicle Traffic-Related Injuries*						
Ages 0-4	Per 100,000	2021-23	24	-	18.6	12.2
Ages 1-5	Per 100,000	2021-23	26	-	19.8	13.4
Ages 5-11	Per 100,000	2021-23	40	3	20.1	17.4
Ages 12-18	Per 100,000	2021-23	133	3	65.0	56.8
Ages 19-21	Per 100,000	2021-23	143	3	169.4	136.6
Hospitalizations from Non-Fatal Traumatic Brain Injury						
Under 1	Per 100,000	2021-23	43	3	165.4	155.3
Ages 1-5	Per 100,000	2021-23	41	3	31.3	23.4
Ages 5-11	Per 100,000	2021-23	35	2	17.6	17.0
Ages 12-18	Per 100,000	2021-23	112	3	54.7	42.6
Ages 19-21	Per 100,000	2021-23	76	3	90.0	69.9
Hospitalizations from Near Drownings						
Ages 1-5	Per 100,000	2021-23	7	-	5.3	4.5
Hospitalizations from Non-Fatal Self-Harm Injuries						
Ages 12-18	Per 100,000	2021-23	198	3	96.8	75.3

*Motor vehicle traffic-related injuries include all types of injury victims: occupants (drivers and/or passengers inside the vehicle), motorcyclists, bicyclists, and pedestrians.

Hospitalizations from non-fatal motor vehicle traffic-related injuries, non-fatal traumatic brain injury, new drownings, and non-fatal self-harm injuries are higher among Polk County youth than among youth across the state.

Source: Florida AHCA

Mortality

Child mortality, or deaths, are often due to preventable causes. The leading causes of death among children vary by age group.

The top three causes of death nationally for children ages 1-4 years are:

- Accidents (unintentional injuries)
- Congenital malformations, deformations, and chromosomal abnormalities
- Assault (homicide)

The leading causes of death nationally for children ages 5-9 years are:

- Accidents (unintentional injuries)
- Cancer
- Congenital malformations, deformations, and chromosomal abnormalities

The leading cause of death nationally for children ages 10-14 years are:

- Accidents (unintentional injuries)
- Intentional self-harm (suicide)
- Cancer

Source: CDC, 2024

Figure 283. Mortality

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Deaths						
Ages 0-4	Per 100,000	2021-23	235	3	181.9	139.7
Ages 5-9	Per 100,000	2021-23	24	3	17.2	12.6
Ages 10-14	Per 100,000	2021-23	37	3	25.1	16.7
Ages 15-19	Per 100,000	2021-23	100	3	69.1	59.3
Ages 19-21	Per 100,000	2021-23	93	3	110.1	92.6
Deaths from Unintentional Injury						
Ages 0-4	Per 100,000	2021-23	56	3	43.4	19.9
Ages 5-9	Per 100,000	2021-23	11	-	7.9	4.1
Ages 10-14	Per 100,000	2021-23	9	-	6.1	4.8
Ages 15-19	Per 100,000	2021-23	42	2	29.0	24.3
Ages 19-21	Per 100,000	2021-23	42	3	49.7	42.0
Deaths from Motor Vehicle Crashes						
Ages 0-4	Per 100,000	2021-23	5	-	3.9	2.7
Ages 5-11	Per 100,000	2021-23	12	-	6.0	2.2
Ages 12-18	Per 100,000	2021-23	28	3	13.7	9.7
Ages 19-21	Per 100,000	2021-23	27	3	32.0	24.9
Deaths from Unintentional Injury other than Motor Vehicle Accidents						
Ages 5-11	Per 100,000	2021-23	2	-	1.0	1.7
Ages 12-18	Per 100,000	2021-23	4	-	2.0	4.1
Ages 19-21	Per 100,000	2021-23	15	-	17.8	17.1
Deaths from Traumatic Brain Injury						
Infant (Under 1)	Per 100,000	2021-23	4	-	15.4	5.5
Ages 1-5	Per 100,000	2021-23	4	-	3.1	2.5
Ages 5-11	Per 100,000	2021-23	6	-	3.0	1.4
Ages 12-18	Per 100,000	2021-23	22	3	10.8	8.6
Ages 19-21	Per 100,000	2021-23	23	3	27.2	20.6

Homicide						
Infant (Under 1)	Per 100,000	2021-23	3	-	5.8	3.4
Ages 1-5	Per 100,000	2021-23	5	-	3.8	2.0
Ages 5-11	Per 100,000	2021-23	1	-	0.5	0.6
Ages 12-18	Per 100,000	2021-23	15	-	7.3	6.8
Ages 19-21	Per 100,000	2021-23	13	-	15.4	16.6
Suicide						
Ages 12-18	Per 100,000	2021-23	7	-	3.4	5.5
Ages 19-21	Per 100,000	2021-23	7	-	8.3	12.9

Children in Polk County of all ages are more likely to die from an unintentional injury death than children across the State of Florida. The rate of unintentional injury death among Polk County children ages 0-4 (43.4 per 100,000) is significantly higher than the rate of unintentional injury death among children the same age across the state (19.9 per 100,000). Polk County infants are approximately three times more likely to die from a traumatic brain injury (15.4 per 100,000) than infants across the state (5.5 per 100,000).

Source: FDOH Bureau of Vital Statistics

Figure 284. Child Unintentional Injury Death by Age and Mechanism

Mechanism	Year	<1	1-4	5-9	10-14	15-19	Total Count
Drowning, Submersion	2023	0	5	1	0	1	7
Motor Vehicle Traffic – Occupant	2023	2	1	4	2	10	19
Motor Vehicle Traffic – Other, Unspecified	2023	0	0	1	1	1	3
Motor Vehicle Traffic – Pedalcyclist	2023	0	0	1	0	2	3
Motor Vehicle Traffic – Pedestrian	2023	0	0	0	1	2	3
Poisoning	2023	0	0	0	0	4	4
Suffocation	2023	7	1	0	0	0	8
Transport, Other	2023	0	0	0	1	2	3

Unintentional injury death is the leading cause of death in Polk County children of all ages. Mechanisms of injury vary widely by age group.

The most common mechanisms of unintentional injury death in Polk County are:

- Motor vehicle accidents
- Suffocation
- Drowning

Unintentional injury deaths due to motor vehicle accidents are most likely to impact Polk County children ages 15-19. Victims from this mechanism in this age group could be either drivers or passengers of the motor vehicle.

Unintentional injury deaths due to suffocation are most likely to impact Polk County children under the age of 1. Most of these deaths are sleep related.

Unintentional injury deaths due to drowning are most likely to impact Polk County children ages 1-4.

Unintentional injury deaths are preventable. For information on how to prevent unintentional injury deaths, please refer to the *Injury Prevention & Safety* section, beginning on page 214.

Source: FDOH Bureau of Vital Statistics

2025 Child Well-Being Index

The Florida Child Well-Being Index rankings are based on a scale containing 16 indicators of child well-being. Indicators in each category are:

- **Economic** – children in poverty, unemployment rate, high housing cost burden, teens not in school and not working
- **Education** – 3- and 4-year-old children not enrolled in school, 4th grade students not on grade level in English Language Arts, 8th grade students not on grade level in mathematics, high school students not graduating on time
- **Health** – low-birthweight babies, uninsured children, overweight and obese 1st, 3rd, and 6th-grade students, high school teens who used alcohol/drugs in the past 30 days
- **Family and Community** – children in single parent families, children living in high poverty areas, children with verified maltreatment, and youth contacts with the Juvenile Justice System

Scores for each indicator were summed to produce a score for each of the four categories by county. Then, the scores for the four categories were summed to produce an overall county score. All counties in Florida were ranked from 1 (best) to 67 (worst) for each category and as an overall rank for the state.

Figure 285. 2025 Polk County Child Well-Being Index Rankings

County	Overall Rank	Child Food Security Rank	Economic Well-Being Rank	Education Rank	Health Rank	Family & Community Rank
Polk	57	34	52	60	28	51

Child Food Insecurity

Figure 286. Child Food Insecurity Rate

County	Child Food Insecurity Rate (%)
Polk	20.8%
Statewide	19.1%

Source: Map the Meal Gap 2024, Feeding America

Economic Well-Being

Figure 287. Children in Poverty

County	2017 (Baseline) %	2022 (Current) %	Number	Change
Polk	25.5%	24.2%	40,670	BETTER
Statewide	20.6%	17.3%	729,819	BETTER

Source: Small Area Income and Poverty Estimates, US Census Bureau

Figure 288. Unemployment Rate

County	2019 (Baseline) %	2023 (Current) %	Number	Change
Polk	3.8%	3.7%	12,575	UNCHANGED
Statewide	3.3%	2.9%	-	UNCHANGED

Source: Bureau of Labor Statistics, US Department of Labor

Figure 289. High Housing Cost Burden (>30% income spent)

County	2013-2017 (Baseline) %	2018-2022 (Current) %	Number	Change
Polk	30.3%	30.3%	264,145	UNCHANGED
Statewide	36.1%	34.9%	8,353,441	BETTER

Source: American Community Survey 2012-2016 and 2017-2021 5-year estimates, table 825106, US Census Bureau

Figure 290. Teens Not in School and Not Working

County	2013-2017 (Baseline) %	2018-2022 (Current) %	Number	Change
Polk	10.1%	10.0%	3,843	UNCHANGED
Statewide	7.7%	7.0%	70,549	UNCHANGED

Source: American Community Survey 2012-2016 and 2017-2021 5-year estimates, table 814005, US Census Bureau

Education

Figure 291. 3- and 4-Year-Olds Not Enrolled in School

County	2013-2017 (Baseline) %	2018-2022 (Current) %	Number	Change
Polk	59.6%	65.0%	11,112	WORSE
Statewide	49.5%	50.5%	234,790	UNCHANGED

Source: American Community Survey, table B14003, US Census Bureau

Figure 292. 4th Grade Students Not Proficient in English Language Arts

County	2022-2023 (Baseline) %	2023-2024 (Current) %	Number	Change
Polk	52.6%	55.6%	4,830	WORSE
Statewide	48.0%	48.0%	100,942	UNCHANGED

Source: Bureau of K-12 Student Assessment, Florida Department of Education

Figure 293. 8th Grade Students Not Proficient in Math

County	2022-2023 (Baseline) %	2023-2024 (Current) %	Number	Change
Polk	60.3%	58.2%	3,880	BETTER
Statewide	48.0%	45.0%	76,770	BETTER

Source: Bureau of K-12 Student Assessment, Florida Department of Education

Figure 294. High School Students Not Graduating on Time

County	2018-2019 (Baseline) %	2022-2023 (Current) %	Number	Change
Polk	18.8%	21.7%	1,774	WORSE
Statewide	13.1%	12.0%	25,074	BETTER

Source: Bureau of Accountability and Reporting, Florida Department of Education

Health

Figure 295. Low-Birthweight Babies

County	2017-2019 (Baseline) %	2021-2023 (Current) %	Number	Change
Polk	8.8%	9.1%	2,444	UNCHANGED
Statewide	8.8%	9.1%	59,985	UNCHANGED

Data Source: Florida CHARTS, Bureau of Community Health Assessment and Vital Statistics, Florida Department of Health

Figure 296. Uninsured Children

County	2017 (Baseline) %	2022 (Current) %	Number	Change
Polk	6.7%	6.8%	11,961	UNCHANGED
Statewide	7.2%	7.3%	323,241	UNCHANGED

Data Source: Small Area Health Insurance Estimates, US Census Bureau

Figure 297. Overweight and Obese 1st, 3rd, and 6th Grade Students

County	2018-2019 (Baseline) %	2022-2023 (Current) %	Number	Change
Polk	34.6%	36.9%	7,290	WORSE
Statewide	35.1%	35.4%	174,502	UNCHANGED

Data Source: State of Florida, Summary of School Health Services, Florida Department of Health

Figure 298. High School Teens Who Used Alcohol or Drugs (Past 30 Days)

County	2018 (Baseline) %	2024 (Current) %	Number	Change
Polk	32.0%	19.2%	-	BETTER
Statewide	29.5%	19.3%	-	BETTER

Data Source: Florida Youth Substance Abuse Survey, Substance Abuse and Mental Health Program Office, Florida Department of Children and Families

Family and Community

Figure 299. Children in Single Parent Families

County	2013-2017 (Baseline) %	2018-2022 (Current) %	Number	Change
Polk	37.3%	35.5%	48,224	BETTER
Statewide	35.3%	33.9%	1,239,218	BETTER

Data Source: American Community Survey 2011-2015 and 2016-2020 5-year estimates, table 809002, US Census Bureau

Figure 300. Children in High Poverty Areas

County	2013-2017 (Baseline) %	2018-2022 (Current) %	Number	Change
Polk	16.7%	10.4%	16,812	BETTER
Statewide	11.2%	6.3%	266,289	BETTER

Data Source: Population Reference Bureau's analysis of data from the 2011-2015 and 2016-2020 American Community Survey

Figure 301. Children with Verified Maltreatment

County	2020-2021 (Baseline) per 1,000	2023-2024 (Current) per 1,000	Number	Change
Polk	8.8	6.5	1,125	BETTER
Statewide	6.5	4.3	19,216	BETTER

Data Source: Florida Department of Children and Families

Figure 302. Youth Contacts with the Juvenile Justice System

County	2018-2019 (Baseline) per 1,000	2022-2023 (Current) per 1,000	Number	Change
Polk	21.8	16.8	2,913	BETTER
Statewide	12.9	9.7	43,394	BETTER

Data Source: Office of Research and Data Integrity, Florida Department of Juvenile Justice

Source: 2025 Florida Child Well-Being Index, Florida Policy Institute

Aging Adult Health

Good health is important for ensuring independence, security, and productivity among older adults. The following section contains indicators specific to aging adult health. The World Health Organization (WHO) defines healthy aging as “the process of developing and maintaining the functional ability that enables wellbeing in older age.” Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person’s ability to meet their basic needs, be mobile, build and maintain relationships, learn, grow, make decisions, and contribute to society.

Living a longer life brings many opportunities for not only older adults, but also societies as a whole. Additional years provide a chance to pursue new activities, change careers, or ignite a long-neglected passion. Older adults can contribute in many ways to their families and their communities. If an older adult can live their extra years of life in good health and are able to live in an environment that supports aging, their ability to do the things that they value will be minimally different from a younger person. Adopting the following healthy habits and lifestyle choices will contribute positively to health and well-being:

- Maintain a healthy, balanced diet
- Keep the body active by doing regular exercise
- Keep the mind stimulated and make sure to get enough sleep
- Stay socially connected and engaged with others
- Take care of emotional well-being, including managing stress, having a positive outlook, and seeking support when needed
- Avoid falls and other injuries by taking precautions and practicing safe driving
- Keep up with regular health checkups, vaccines, and screenings
- Manage any chronic health conditions

Source: CDC, 2024; Healthy People 2030; National Council on Aging; WHO, 2025

Aging Population Demographics

As Americans live longer, growth in the number of older adults is unprecedented. Currently, just under 20% of the population in Polk County is aged 65 and older. According to the U.S. Census, adults aged 65 years or older will account for 24% of the U.S. population by 2060.

Source: Healthy People 2030; US Department of Health & Human Services, 2024

Age

Figure 303. Total Population by Age Group

Indicator	Year	Polk County		Florida
		Count	Percent	Percent
Total Population	2023	791,685	-	22,685,583
0-17	2023	172,920	21.8%	19.2%
18-49	2023	323,797	41.0%	39.5%
50-64	2023	139,490	17.6%	19.8%
65-84	2023	138,105	17.4%	18.8%
85+	2023	17,373	2.2%	2.7%

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Race, Ethnicity and Sex

Figure 304. Race, Ethnicity and Sex Among Population 65+

Indicator	Measure	Year	Polk County		Florida Percent
			Count	Percent	
Total Population 65+	Percent	2023	155,478	19.6%	4,873,491
<i>By Race:</i>					
Black	Percent	2023	15,078	9.7%	9.3%
White	Percent	2023	117,572	75.6%	71.1%
Other	Percent	2023	922	0.6%	0.7%
<i>By Ethnicity:</i>					
Hispanic	Percent	2023	18,358	11.8%	16.4%
Non-Hispanic	Percent	2023	133,572	85.9%	81.1%
<i>By Sex:</i>					
Male	Percent	2023	71,114	45.7%	45.1%
Female	Percent	2023	84,364	54.3%	54.9%

Of the Polk County adults age 65+, 75.6% are White non-Hispanic, 9.7% are Black non-Hispanic, and 11.8% are Hispanic. In general, females live longer than males. There are more females over age 65 in Polk County than males, a trend the State of Florida shows as well.

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Education

Figure 305. Education Status Among Population 65+

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Less than high school education 65+	Percent	2021-23	59,439	13.6%	12.5%
High school education 65+	Percent	2021-23	153,314	35.0%	29.5%
Some college education 65+	Percent	2020-22	91,830	21.3%	19.6%
Associate's degree education 65+	Percent	2021-23	35,328	8.0%	7.8%
Bachelor's degree education 65+	Percent	2021-23	57,835	13.2%	17.2%
Graduate or professional degree education 65+	Percent	2021-23	38,785	8.9%	13.4%
Limited English Proficiency 65+	Percent	2021-23	30,397	6.9%	12.6%

When looking at the Polk population ages 25+ years, almost 32.5% have an Associate's degree or higher. Among the 65+ population of Polk County, 30.1% have an Associate's degree or higher, compared to 38.4% of the 65+ population of Florida.

Source: US Census Bureau ACS

Employment and Income

Figure 306. Employment and Income Status Among Population 65+

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Employed 65+	Percent	2021-23	58,609	13.6%	15.9%
Households with householder 65+ and annual income less than \$20,000	Percent	2021-23	46,486	17.9%	17.6%
Households with householder 65+ and annual income \$20,000-\$49,999	Percent	2021-23	91,122	35.0%	30.1%
Households with householder 65+ and annual income greater than \$50,000	Percent	2021-23	122,400	47.1%	52.3%
Median household income for 65+	Dollars	2023	-	\$48,934	\$56,005

A smaller percentage of adults ages 65+ are employed in Polk County (13.6%) than across the State of Florida (15.9%). Adults ages 65+ in Polk County have a lower median household income (\$48,934) than adults of the same age across the State of Florida (\$56,005).

Source: US Census Bureau ACS

Poverty

Figure 307. Poverty Status Among Population 65+

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Below 100% of Poverty 65+	Percent	2021-23	47,436	11.2%	11.0%

According to the 2025 Federal Poverty Guidelines for the 48 Continental United States, 100% of poverty for a household of one is \$15,650 annually. Polk County adults ages 65+ have similar rates of poverty below 100% as adults across the State of Florida.

Source: US Census Bureau ACS

Housing

Figure 308. Housing Cost Burden Among Population 65+

Indicator	Measure	Year	Polk County	Florida Rate
<u>Owner-occupied</u> housing units with householder 65+ and monthly housing costs of 30% or more of household income	Percent	2023	24.3%	28.2%
<u>Renter-occupied</u> housing units with householder 65+ and monthly housing costs of 30% or more of household income	Percent	2023	55.1%	61.0%

*Housing cost burdened – as defined by the US Department of Housing and Urban Development (HUD) – are households who pay more than 30% of their income for housing.

Polk County has lower rates of owner-occupied and renter-occupied housing units that are occupied by householders ages 65+ whose monthly housing costs are 30% or more of their household income than the State of Florida. This means that aging adult householders (65+ years) in Polk are less likely to be housing cost burdened than aging adults across the state.

Source: US Census Bureau ACS

Family and Living Arrangements

Figure 309. Family and Living Arrangements Among Population 65+




Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Individuals living alone 65+	Percent	2021-23	100,408	23.4%	24.6%
Individuals living with spouse 65+	Percent	2021-23	234,688	54.8%	53.2%
Individuals living with unmarried partner 65+	Percent	2021-23	13,839	3.2%	3.2%
Grandparents living with own minor grandchildren (ages 0-17 years)	Percent	2021-23	56,571	4.1%	3.4%
Grandparents living with <u>and responsible for</u> own minor grandchildren (ages 0-17 years)	Percent	2023	-	30.7%	28.5%

Individuals ages 65+ in Polk County are less likely to live alone (23.4%) than individuals of the same age across the State of Florida (24.6%). The percent of grandparents who live with their own grandchildren is similar in Polk County (4.1%) and across the State of Florida (3.4%). Of those Polk County grandparents living with their minor grandchildren, 30.7% are the party responsible for their grandchildren, compared to 28.5% of grandparents ages 65+ statewide.

Source: US Census Bureau ACS

Food Availability

Figure 310. Food Availability Among Population 65+

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Population 65+ living more than <u>one-half mile</u> from nearest Supermarket	Percent	2019	-		91.6%	84.5%
Population 65+ living more than <u>one mile</u> from nearest Supermarket	Percent	2019	-		82.7%	49.9%
Population 65+ living more than <u>ten miles</u> from nearest Supermarket	Percent	2019	-		1.4%	0.4%

Source: US Department of Agriculture (USDA)

Transportation

Figure 311. Licensed Drivers Among Population 65+

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Licensed Drivers (ages 65-79)	Percent	2022	104,257	88.5%	90.1%
Licensed Drivers (Ages 80+)	Percent	2022	25,391	71.5%	71.1%

Source: Florida Department of Highway Safety and Motor Vehicles (DHSMV)

Veterans

Figure 312. Veterans 65+

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Veterans (ages 65-84)	Percent	2022	22,325	16.2	14.5
Veterans (ages 85+)	Percent	2022	4,653	29.3	23.0
















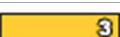
Source: Veteran's Administration

Aging Adult Health and Health Care Status

Maintaining health is particularly important for aging adults. Aging adults experience higher risk of chronic disease, including diabetes, Alzheimer’s Disease, and osteoporosis. Falls are the leading cause of injury among older adults.

Emergency Department Visits

Figure 313. Emergency Department Visits among Population 65+














Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Total ED Visits 65+	Per 100,000	2023	72,429	 3	46,584.7	38,353.3
from Alzheimer’s Disease	Per 100,000	2023	50	 4	32.2	19.6
from Chronic Lower Respiratory Disease	Per 100,000	2023	2,533	 3	1,629.2	1,062.2
COVID-19	Per 100,000	2023	2,044	 3	1,314.7	1,060.3
from Diabetes	Per 100,000	2023	956	 4	614.9	346.9
from Falls	Per 100,000	2023	9,316	 3	5,991.8	5,400.4
from Firearm Injury	Per 100,000	2023	7	-	4.5	3.4
from Heart Disease	Per 100,000	2023	469	 3	301.7	233.3
from Heat-related Injury	Per 100,000	2023	43	 3	27.7	18.3
from Motor Vehicle Traffic	Per 100,000	2023	1,052	 4	676.6	519.5
from Near-Suffocation	Per 100,000	2023	<5	-	1.9	2.5
from Organic Dementia	Per 100,000	2023	211	 3	135.7	97.4
from or with Organic Dementia as any listed diagnosis	Per 100,000	2023	3,105	 4	1,997.1	1,366.0
from Parkinson’s Disease	Per 100,000	2023	32	 3	20.6	17.0
from Pedalcyclist, Other	Per 100,000	2023	58	 3	37.3	46.1
from Poisoning	Per 100,000	2023	159	 3	102.3	82.2
from Stroke	Per 100,000	2023	243	 2	156.3	143.9
from Unintentional Injury	Per 100,000	2023	14,918	 3	9,594.9	8,605.5

The most common reasons that adults age 65+ utilize the emergency department are unintentional injuries. These injuries are most often from a fall, a motor vehicle accident, or a poisoning. Other common reasons that adults age 65+ utilize the emergency department include organic dementia, Chronic Lower Respiratory Disease, and COVID-19.

Source: Florida AHCA

Hospitalizations

Figure 314. Hospitalizations among Population 65+

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Total Hospitalizations 65+	Per 100,000	2023	45,333	-	29,157.2	25,987.3
from Alzheimer's Disease	Per 100,000	2023	94	 4	60.5	38.1
from Chronic Lower Respiratory Disease	Per 100,000	2023	1,083	 4	696.6	518.0
COVID-19	Per 100,000	2023	780	 3	501.7	484.8
from Diabetes	Per 100,000	2023	918	 3	590.4	458.5
from Falls	Per 100,000	2023	1,999	 2	1,285.7	1,365.9
from Firearm Injury	Per 100,000	2023	<5	-	1.9	1.9
from Heart Disease	Per 100,000	2023	1,917	 3	1,233.0	1,044.5
from Heat-related Injury	Per 100,000	2023	8	-	5.1	6.2
from Motor Vehicle Traffic	Per 100,000	2023	154	 3	99.0	84.6
from Near-Suffocation	Per 100,000	2023	<5	-	0.6	2.0
from Organic Dementia	Per 100,000	2023	109	 2	70.1	82.3
from or with Organic Dementia as any listed diagnosis	Per 100,000	2023	4,472	 3	2,876.3	2,847.9
from Parkinson's Disease	Per 100,000	2023	79	 2	48.9	62.2
from Pedalcyclist, Other	Per 100,000	2023	12	-	7.7	10.4
from Poisoning	Per 100,000	2023	135	 3	86.8	81.0
from Stroke	Per 100,000	2023	1,883	 2	1,211.1	1,145.1
from Unintentional Injury	Per 100,000	2023	2,467	 2	1,220.0	1,286.0

The most common reasons that adults ages 65+ are hospitalized include from organic dementia, heart disease, stroke, and unintentional injuries. Unintentional injuries are most often from a fall, motor vehicle accident, or poisoning.

Source: Florida AHCA

Mental Health

One out of every five older adults in the U.S. experience a mental disorder, including depression, anxiety disorders, and dementia. Two-thirds of older adults with mental health problems do not receive the treatment they need, as services for this population tend to be limited.

Source: National Council on Aging

Figure 315. Mental Health

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Hospitalizations from self-harm 65+	Per 100,000 (ages 65+)	2023	36	4	23.2	20.2
Hospitalizations from mental disorders 65+	Per 100,000 (ages 65+)	2023	744	3	478.5	522.9

Unfortunately, Polk County is in the worst quartile for hospitalizations from self-harm for adults age 65+ and have a higher rate of these hospitalizations than adults the same age across the state. Conversely, hospitalizations due to mental disorders occur at a lower rate among older adults in Polk County than among older adults statewide.

Source: Florida AHCA

Disability

Figure 316. Disabilities and Difficulties










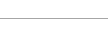



Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Population with any disability 65+ ¹	Percent	2018-22	45,737	1	31.9	31.8
Hearing Difficulty 65+ ¹	Percent	2018-22	18,946	2	13.2	12.7
Vision Difficulty 65+ ¹	Percent	2018-22	8,521	2	5.9	5.9
Cognitive disability 65+ ¹	Percent	2018-22	10,251	2	7.1	7.9
Ambulatory disability 65+ ¹	Percent	2018-22	29,443	2	20.5	20.0
Self-care disability 65+ ¹	Percent	2018-22	9,522	2	6.6	6.7
Independent living disability 65+ ¹	Percent	2018-22	17,605	2	12.3	12.3
Probable Alzheimer's Cases 65+ ²	Percent	2023	-	2	10.9%	11.2%

The rate of adults ages 65+ in Polk County living with a disability (31.9%) is similar to the rate of adults of the same age across the State of Florida (31.8%).

Source: ¹US Census Bureau ACS (5-year estimates); ²Florida Department of Elder Affairs

Leading Causes of Death

Figure 317. Leading Causes of Death Among Population 65+

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Deaths from all causes 65+	Per 100,000	2023	6,337	 2	4,075.8	3,632.9
Deaths from Heart Disease 65+	Per 100,000	2023	1,336	 2	859.3	845.5
Deaths from Cancer 65+	Per 100,000	2023	1,259	 2	809.8	744.3
Deaths from Female Breast Cancer 65+	Per 100,000	2023	76	 3	90.1	81.1
Deaths from Prostate Cancer 65+	Per 100,000	2023	88	 3	123.7	109.5
Deaths from COVID-19 65+	Per 100,000	2023	137	 4	88.1	67.9
Deaths from Stroke 65+	Per 100,000	2023	491	 3	315.8	306.6
Deaths from Chronic Lower Respiratory Disease 65+	Per 100,000	2023	438	 3	281.7	203.9
Deaths from Alzheimer's Disease 65+	Per 100,000	2023	160	 2	102.9	120.6
Deaths from Parkinson's Disease 65+	Per 100,000	2023	90	 2	57.9	66.2
Deaths from Diabetes 65+	Per 100,000	2023	254	 4	163.4	112.5
Deaths from Unintentional Injury 65+	Per 100,000	2023	173	 2	111.3	127.9
Deaths from Nephritis, Nephrotic Syndrome and Nephrosis 65+	Per 100,000	2023	128	 4	82.3	58.8

The top 5 leading causes of death in adults ages 65+ are heart disease, cancer, stroke, chronic lower respiratory disease, and diabetes. These leading causes of death are the same among adults ages 65+ across the State of Florida *except* for diabetes. Across Florida, the 5th leading cause of death among adults ages 65+ is unintentional injury.

Source: FDOH Bureau of Vital Statistics

Health Risk & Protective Factors

Physical activity can help prevent disease and injury. Every week, adults ages 65+ need:

- Aerobic physical activity
 - At least 150 minutes at moderate intensity. This could be 30 minutes a day, 5 days a week
 - Or 75 minutes at vigorous intensity
 - Or an equivalent combination at moderate and vigorous intensity
- At least 2 days of activities that strengthen muscles
- Activities to improve balance

If an older adult has trouble meeting these recommendations, they should focus on being as physically active as their abilities allow. Remember: some physical activity is better than none at all.

Source: CDC, 2023; Healthy People 2030

Exercise, Nutrition, & Weight

Overweight & Obesity Among Adults

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Body Mass Index (BMI) is used as a screening tool for overweight and obesity. BMI is calculated using a person's weight and height.

Figure 318. Adult BMI Categories

BMI Category	BMI Range (kg/m ²)
Underweight	Less than 18.5
Healthy Weight	18.5 to 25
Overweight	25 to less than 30
Obesity	30 or greater

While BMI does not distinguish between fat, muscle, and bone mass, higher BMI categories are associated with health problems. A BMI in the obese category often indicates too much weight for height, which can increase risk for high blood pressure, high cholesterol, and other chronic conditions.

BMI is a well-established tool for measuring population health. For individual health, BMI is one measure that can be used to determine chronic disease risk. For a more complete picture of an individual's health, consider other factors in addition to BMI, including family history, diet, exercise, blood pressure, glucose, and cholesterol levels.

Causes of Overweight & Obesity

Overweight and obesity are complex conditions that result from a combination of causes and contributing factors, including health behaviors, stress, health conditions and medications, genes, and the environment. Behaviors that impact weight can include dietary patterns, physical activity, inactivity, medication use, not enough sleep, and too much screen time. Additional contributing factors include the food and physical activity environment, education and skills, and food marketing and promotion. People and families may make decisions based on their environment or community. Community, home, childcare, school, health care, and workplace settings can all influence people's daily behaviors. It is important for communities to create environments in these locations that make it easier to engage in physical activity and eat a healthy diet.

Impacts of Overweight & Obesity

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.

Children with obesity are more likely to have numerous health conditions, including high blood pressure and type 2 diabetes. Children with obesity are more likely to have obesity as adults. Adults with obesity have a higher risk of developing many chronic diseases, including heart disease, type 2 diabetes, and some types of cancer. Obesity costs the U.S. healthcare system almost \$173 billion per year.

Source: CDC, 2024

Figure 319: Obesity among Adults

Indicator	Measure	Year	Polk Rate	Florida Rate
Adults 18+ who are obese	Percent	2022	40.9%	31.6%

Source: CDC PLACES

Figure 320. Polk CHA Survey Respondents: Fruit/Vegetable Consumption

Indicator	Survey Count	Survey Percent
<i>Do you eat at least 5 cups of fruit and/or vegetables every day? (n=1966)</i>		
Yes	591	30.06%
No	1375	69.94%

Only 30.06% of respondents to the 2024 Polk CHA survey reported that they eat the recommended 5 cups of fruits and vegetables every day.

Source: Polk County Community Health Survey, 2024

Figure 321. Polk CHA Survey Respondents: Physical Activity

Indicator	Survey Count	Survey Percent
<i>How many days a week do you get 30 minutes or more of physical activity that increases your heart rate or makes you breathe harder than normal? (n=1961)</i>		
5 or more days a week	404	20.60%
3-4 days a week	592	30.19%
1-2 days a week	676	34.47%
None	289	14.74%

According to the current Physical Activity Guidelines for Americans from the U.S. Department of Health and Human Services, adults need at least 150 of moderate-intensity aerobic physical activity each week. Only 20.60% of survey respondents report meeting this recommendation.

Source: Polk County Community Health Survey, 2024

Overweight & Obesity Among Youth

Body Mass Index (BMI) is also used to determine overweight and obesity in youth. For children and adolescents ages 2 through 19, BMI calculations are age- and sex-specific, in addition to considering height and weight. Childhood obesity occurs when a child is well above the normal or healthy weight for his or her age, height, and sex. The causes of excess weight gain in young people are similar to those in adults, including a person’s behavior and genetics, as well as their environment.

Figure 322. Child and Adolescent BMI Categories

BMI Category	BMI Range
Underweight	Less than the 5 th percentile
Healthy Weight	5 th percentile to less than the 85 th percentile
Overweight	85 th percentile to less than the 95 th percentile
Obesity	95 th percentile or greater














Impacts of Overweight & Obesity among Youth

Obesity during childhood can have a harmful effect on the body in a variety of ways. Children who have obesity are more likely to have:

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD)
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes
- Breathing problems, such as asthma and sleep apnea
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e. heartburn)
- Psychological problems such as anxiety and depression
- Low self-esteem and lower self-reported quality of life
- Social problems such as bullying and stigma

Source: CDC, 2024

Chart 323. Weight and Activity among Children and Adolescents

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
WIC children ≥2 who are overweight or obese ¹	Percent	2023		28.7%	29.0%
WIC children ≥2 who are overweight ¹	Percent	2023		14.2%	14.2%
WIC children ≥2 who are obese ¹	Percent	2023		14.5%	14.8%
Middle school students who are at a healthy weight ²	Percent	2024		65.4%	63.4%
Middle school students who are overweight or obese ²	Percent	2024		31.4%	32.0%
Middle school students who are overweight ²	Percent	2024		13.8%	17.3%
Middle school students who are obese ²	Percent	2024		17.5%	14.7%
Middle school students who were physically active for at least 60 minutes on all seven of the past days ²	Percent	2024		15.7%	21.0%
High school students who are at a healthy weight ²	Percent	2024		58.7%	66.2%
High school students who are overweight or obese ²	Percent	2024		36.4%	29.5%
High school students who are overweight ²	Percent	2024		18.1%	15.1%
High school students who are obese ²	Percent	2024		18.3%	14.4%
High school students who were physically active for at least 60 minutes on all seven of the past days ²	Percent	2024		18.8%	19.6%

Sources: ¹FDOH WIC, ²FYTS

Overweight & Obesity during Pregnancy

Obesity during pregnancy is common in the U.S., and it increases obstetrical risks. The heavier a woman is before she becomes pregnant, the greater her risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth, and cesarean delivery. In addition, obesity during pregnancy is associated with increased use of health care and physician services, and longer hospital stays for delivery. Overweight and obese women who lose even a small amount of weight before pregnancy are likely to have healthier pregnancies.

Source: American College of Obstetricians and Gynecologists (ACOG), 2024

Breastfeeding has benefits for both infants and mothers. Infants who are breastfed have reduced risks of obesity and diabetes. Mothers who breastfeed have a reduced risk of breast and ovarian cancer, type 2 diabetes, and high blood pressure.

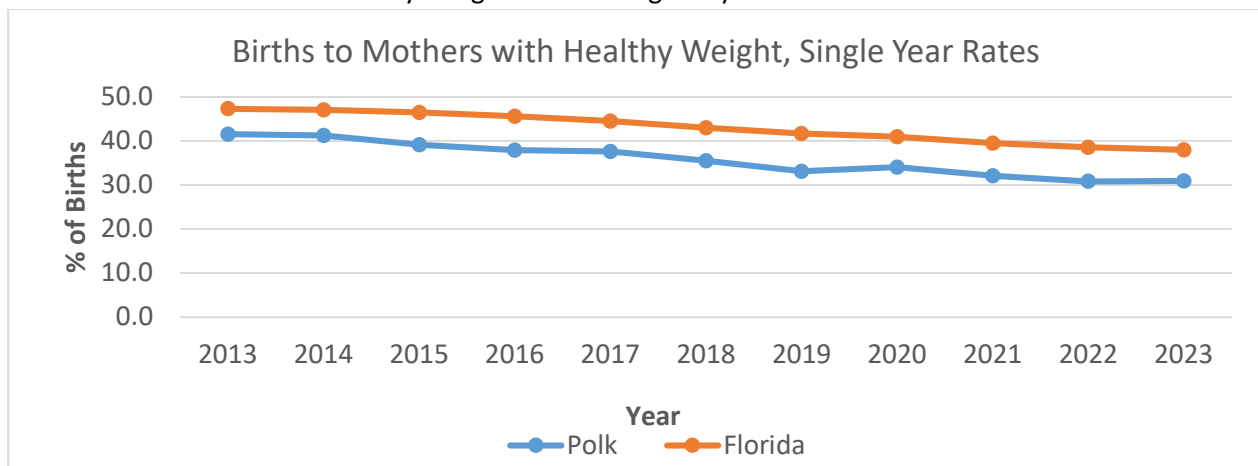
Source: CDC, 2023

Chart 324. Maternal Weight and Breastfeeding among Mothers

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Live births to mothers who are at a healthy weight (BMI 18.5-24.9) at time pregnancy occurred ¹	Percent of live births	2023	2,840	4	30.9%	38.0%
Live births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred ¹	Percent of live births	2023	2,549	3	27.8%	29.0%
Live births to mothers who are obese (BMI ≥ 30) at the time pregnancy occurred ¹	Percent of live births	2023	3,502	3	38.1%	30.0%
Live births to mothers who initiate breastfeeding ¹	Percent of live births	2023	7,833	2	84.9%	85.6%
WIC Eligibles ²	Rate per 100,000	2023	27,308	4	3,449.4	2,675.4
WIC Eligibles Served ²	Percent	2023	20,018	2	73.3%	68.9%

Source(s): ¹FDOH Bureau of Vital Statistics, ²FDOH WIC

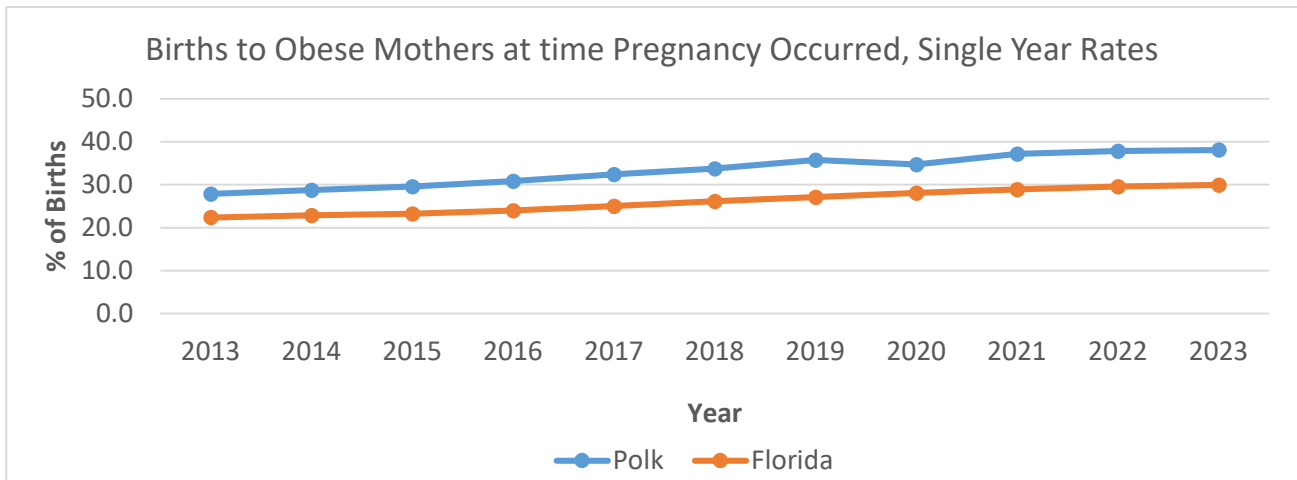
Figure 325. Births to Mothers at a Healthy Weight at time Pregnancy Occurred



The rate of births to mothers at a healthy weight at the time pregnancy occurred is lower in Polk County than across the State of Florida and has decreased over time in both Polk County and across the State.

Source: FDOH Bureau of Vital Statistics

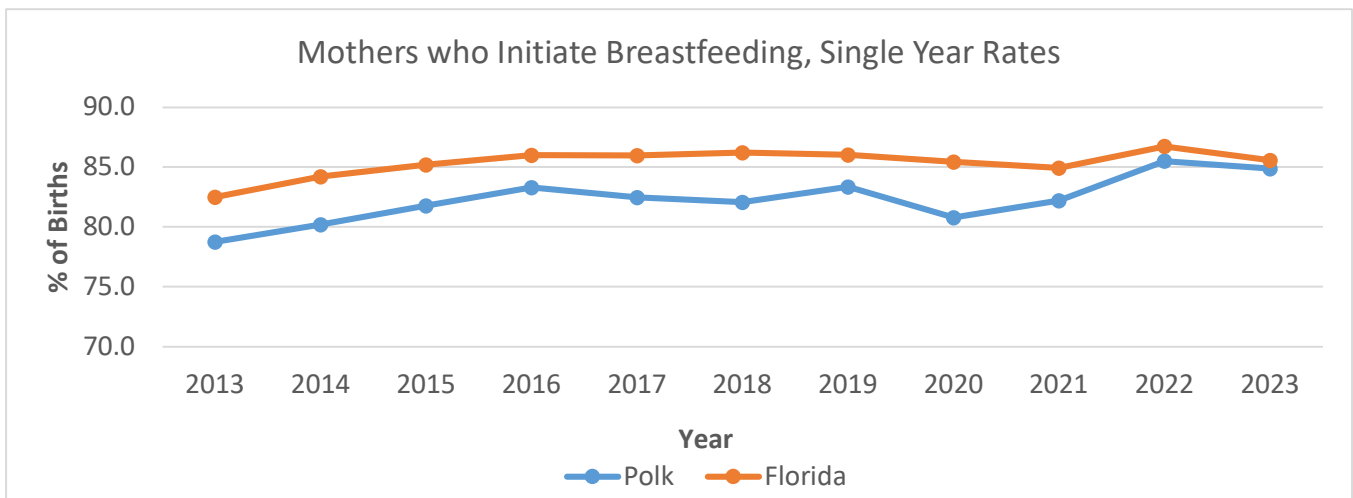
Figure 326. Births to Mothers who are Obese at time Pregnancy Occurred



The rate of births to mothers who are obese at the time pregnancy occurred is higher in Polk County than across the State of Florida and has increased over time in both Polk County and across the State.

Source: FDOH Bureau of Vital Statistics

Figure 327. Mothers who Initiate Breastfeeding



The percent of births in which breastfeeding is initiated has increased over time in both Polk County and across the State of Florida. Polk's rate of breastfeeding initiation remains slightly lower than the State's.

Source: FDOH Bureau of Vital Statistics

Built Environment

The environment in which people exist can impact their ability to make healthy choices. To support healthy weight, communities must create opportunities for physical activity and healthy eating. Strategies to promote physical activity include efforts to increase the places where people can be active, such as opening school facilities to public use and creating walking trails. Proper lighting and safe sidewalks also impact people’s ability to be active. Having healthy food available and affordable allows people to make healthier food choices. When healthy foods are not available, people may choose foods that are higher in calories and lower in nutritional value. Strategies that can contribute to healthy food environments include providing incentives for supermarkets or farmers’ markets to establish businesses in underserved areas, having nutrition information and caloric content posted on restaurant and fast-food menus, and applying nutrition standards in child care facilities, schools, hospitals, and worksites.

Source: CDC, 2024

Figure 328. Polk CHA Survey Respondents: Parks and Recreational Facilities

Indicator	Survey Count	Survey Percent
<i>There are parks and recreational facilities in my community.</i> (n=1943)		
<i>Agree</i>	1532	78.85%
<i>Disagree</i>	252	12.97%
<i>Not Sure</i>	159	8.18%

Over 78% of survey respondents agree that there are parks and recreational facilities available in the community.

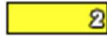





Figure 329. Polk CHA Survey Respondents: Access to Healthy Food

Indicator	Survey Count	Survey Percent
<i>Healthy food is easy to get in my community.</i> (n=1936)		
<i>Agree</i>	966	49.90%
<i>Disagree</i>	641	33.11%
<i>Not Sure</i>	329	16.99%

About half (49.90%) of survey respondents agree that healthy food is easy to get in Polk County.

Source: Polk County Community Health Survey, 2024

Figure 330. Built Environment

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Population that live within a ½ mile of healthy food source ¹	Percent	2022	 2	16.1%	29.9%
Population that live within a ½ mile of a fast food restaurant ¹	Percent	2022	 3	17.5%	33.6%
Population that live within ½ mile of an off-street trail system ¹	Percent	2022	 2	13.3%	18.8%
Workers who used car, truck, or van - drove alone to work ²	Percent	2022	 4	79.5%	74.1%
Workers who used taxicab, motorcycle, bicycle, or other means to work ²	Percent	2022	 2	1.8%	2.3%
Workers who walk to work ²	Percent	2022	 2	0.9%	1.4%

Sources: ¹Florida Environmental Public Health Tracking, ²US Census Bureau ACS

Food Security

Food insecurity is the limited ability to secure adequate food due to insufficient household resources. People who are food insecure do not have enough to eat and do not know where their next meal will come from. Food insecurity is a systemic issue and can happen to anyone. Factors impacting food security include poverty and unemployment, lack of affordable housing, and chronic health conditions. Food insecure adults are more likely to have low nutrient intake, hypertension, heart disease, diabetes, depression, and other mental health problems. In addition, not having enough food can cause difficulty concentrating, which may impact performance and attendance at work or school. Food insecure adults may rely on low-cost, high-energy foods, which can lead to overconsumption and result in malnutrition or obesity. Food insecurity is more common among low-income populations and increases with rising food prices.

Sources: CDC, 2024; Feeding America, 2025

Figure 331. Polk CHA Survey Respondents: Worry About Food Insecurity

Indicator	Survey Count	Survey Percent
<i>In the past 12 months, I worried about whether our food would run out before we got money to buy more. (n=1954)</i>		
<i>Often True</i>	256	13.10%
<i>Sometimes True</i>	549	28.10%
<i>Never True</i>	1149	58.80%

Over 41% of survey respondents reported that they worried about whether food would run out before they got money to buy more in the past year.

Figure 332. Polk CHA Survey Respondents: Food Insecurity

Indicator	Survey Count	Survey Percent
<i>In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (n=1941)</i>		
<i>Often True</i>	197	10.15%
<i>Sometimes True</i>	465	23.96%
<i>Never True</i>	1279	65.89%

Over one-third (34%) of survey respondents reported that in the past year, the food they bought did not last and they didn't have money to get more.

Source: Polk County Community Health Survey, 2024

Figure 333. Food Insecurity

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Food Insecurity Rate	Percent	2022	-	13.7%	13.2%
Child Food Insecurity Rate	Percent	2022	-	20.8%	19.1%

Source: Feeding America, Map the Meal Gap

Maternal and Infant Health

Improving the well-being of mothers and infants is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

Maternal Health

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality **preconception** (before pregnancy) and **inter-conception** (between pregnancies) care. Strategies that help women adopt healthy habits and access health care before and during pregnancy are more likely to be healthy during pregnancy and have healthy babies.

Living a healthy lifestyle and getting health care before, during, and after pregnancy can lower your risk of pregnancy complications. Healthy habits include:

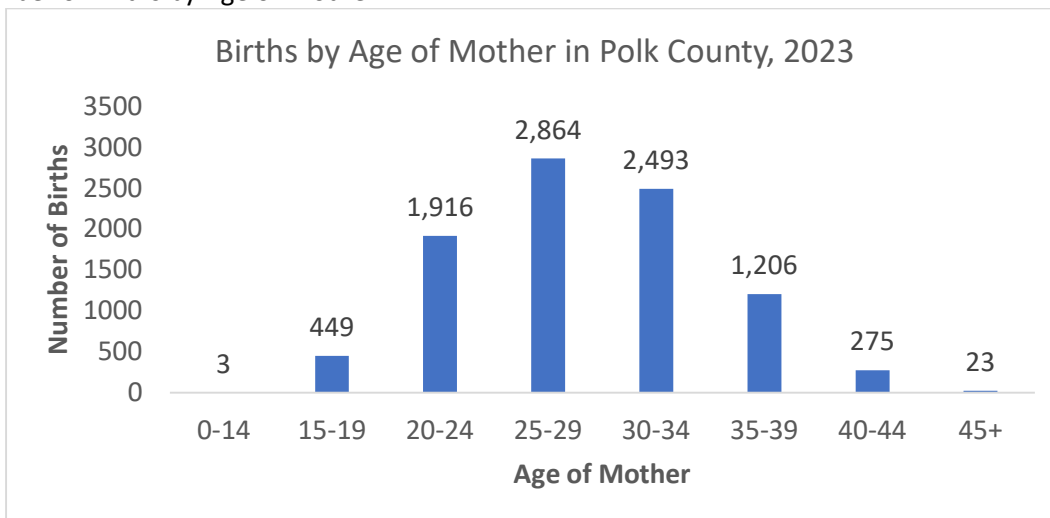
- Eating healthy
- Maintaining a healthy weight
- Avoid tobacco products
- Take care of your mental health
- Avoid any alcohol use once you have started trying to become pregnant
- Start prenatal care early once you have become pregnant
- See a healthcare provider for postpartum care after giving birth.
- Make sure to discuss with your healthcare provider anything that does not feel right including physical symptoms, anxiety, depression, and exhaustion

Source: CDC, 2024; Healthy People 2030

Births

In 2023, there were 9,229 live births in Polk County. Below is a chart that shows the number of births by age of the mother.

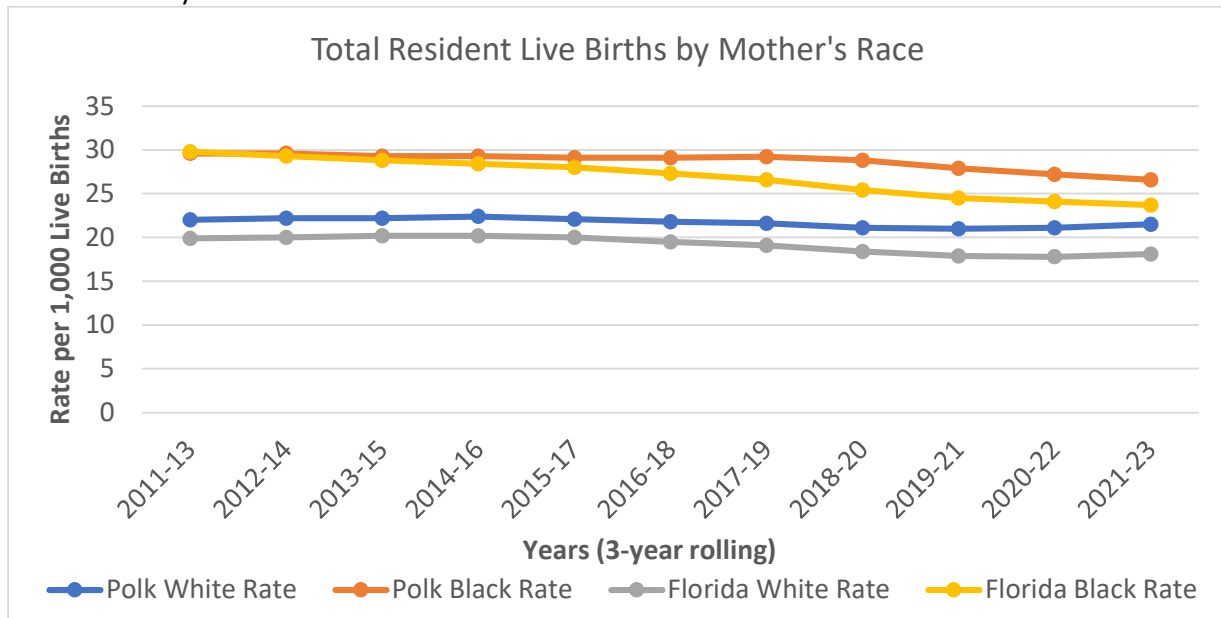
Figure 334. Number of Births by Age of Mother



The majority of births in Polk County are to mothers between the ages of 25-29.

Source: FDOH Bureau of Vital Statistics

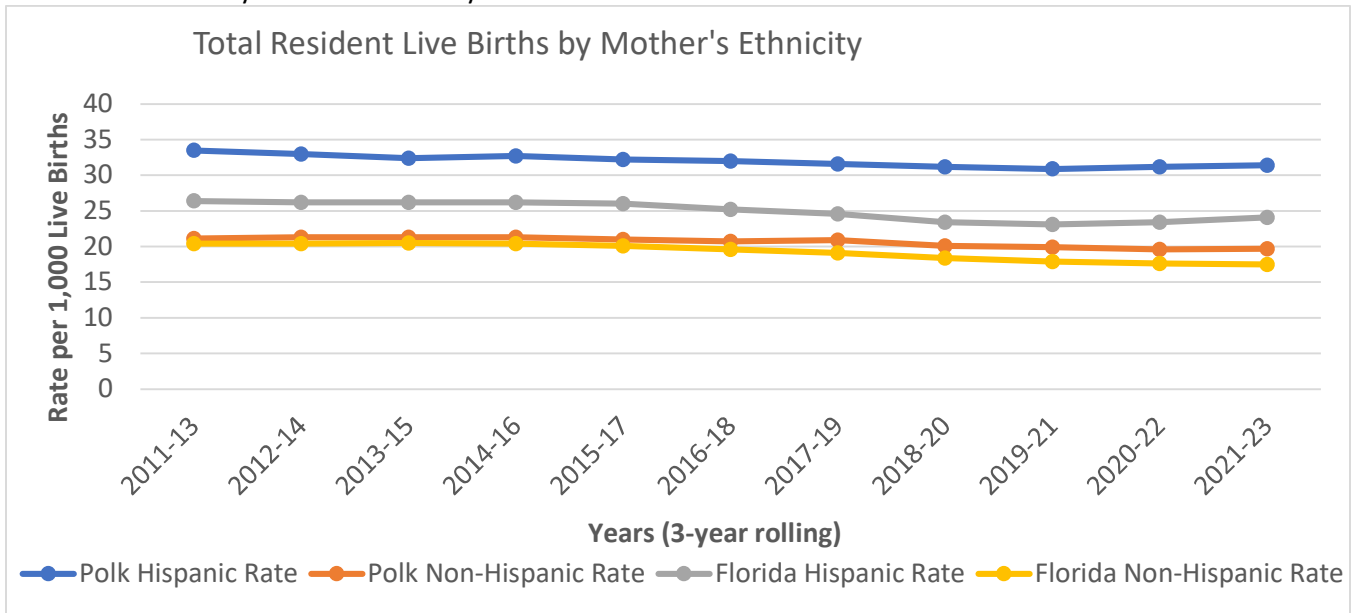
Figure 335. Birth Rate by Mother's Race Over Time



In Polk County and across Florida, the Black population has a higher birth rate than the White population. The birth rate among the Polk County Black population is 26.6 per 1,000 live births (2021-23) compared to 21.5 per 1,000 live births (2021-23) among the Polk County White population. Similarly, Florida's Black population has a birth rate of 23.7 per 1,000 live births (2021-23) compared to 18.1 per 1,000 live births (2021-23) among Florida's White population.

Source: FDOH Bureau of Vital Statistics

Figure 336. Birth Rate by Mother's Ethnicity Over Time



In Polk County and across Florida, the Hispanic population has a higher birth rate than the non-Hispanic population. The birth rate among the Polk County Hispanic population is 31.4 per 1,000 live births (2021-23) compared to 19.7 per 1,000 live births (2021-23) among the Polk County non-Hispanic population. Similarly, Florida's Hispanic population has a birth rate of 24.1 per 1,000 live births (2021-23) compared to 17.5 per 1,000 live births (2021-23) among Florida's non-Hispanic population.

Source: FDOH Bureau of Vital Statistics

Teen Births

While all mothers experience changes upon the birth of their baby, the social and economic changes experienced with a teen birth have long-lasting impacts on teen parents and their children. Having a baby can negatively impact teen mothers' as well as their educational and job opportunities. Babies born to teen mothers are more likely to be premature, have a low birth weight, and are at a higher risk of infant death.

Evidence has found that there are several socioeconomic conditions that put teens at a higher risk of pregnancy and birth. These factors include low education levels, low income levels, and high unemployment rates. In addition to these risk factors, teens in the child welfare system are at an increased risk and are twice as likely to become pregnant as teens not in foster care.

Fortunately, teen pregnancy rates are declining nationally. Evidence suggests that more teens are abstaining from sexual activity and more sexually active teens are using birth control. Although steadily declining, the teen birth rate in the United States remains higher than other high-income countries.

Source: CDC, 2024; Healthy People 2030

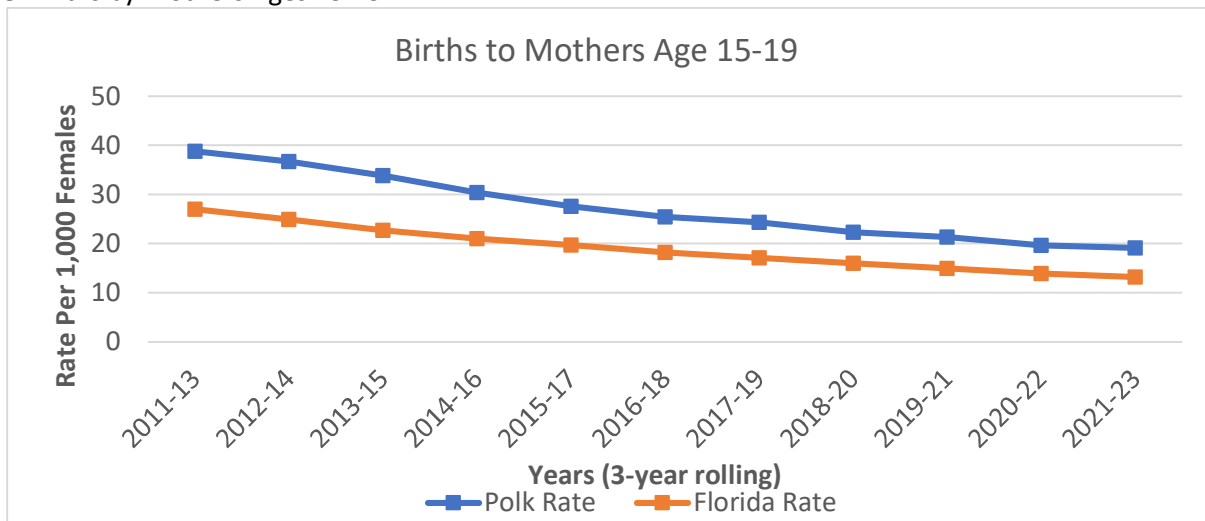
Figure 337. Births and Repeat Births by Mothers Ages 15-19

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births to mothers ages 15-19	Per 1,000 female population	2021-23	1,352	3	19.1	13.2
Repeat births to mothers ages 15-19	Percent of births 15-19	2021-23	194	3	14.3%	12.9%

Polk County is in the 3rd quartile (the second least favorable in the state) for births to mothers ages 15-19 and repeat births to mothers ages 15-19. The rate of births to Polk County mothers ages 15-19 is 19.1 per 1,000 females (2021-23). This is higher than the state rate. The rate of births to Florida mothers ages 15-19 is 13.2 per 1,000 females (2021-23). The percent of repeat births to mothers ages 15-19 in Polk County is 14.3% (2021-23) which is also higher than the percentage of repeat births to mothers ages 15-19 in the state (12.9%).

Source: FDOH Bureau of Vital Statistics

Figure 338. Births by Mothers Ages 15-19



The rate of births to mothers ages 15-19 in Polk County has continued to decline over time, despite still being higher than the state rate. Of the 9,229 Polk County births in 2023, only 4.9% of these births (449 births) were teen births.

Source: FDOH Bureau of Vital Statistics

Teen Pregnancy Prevention

Teen pregnancies are preventable. Research shows that a combination of evidence-based teen pregnancy prevention programs, access to quality youth-friendly contraceptive and reproductive health services, and support from parents or other trusted adults play a vital role in decreasing teen pregnancy.

Teens should talk to their sexual partners before engaging in sexual activity. Encourage teens to talk with their partners about the following:

- The decision of whether they should wait to have sex
- How having sex might affect their relationship and their lives
- How both partners will be responsible for preventing pregnancy and sexually transmitted infections (STIs)
- Their partner's sexual history
- A plan to get tested for STIs before having sex

Even if teens have already engaged in sexual activity, it is never too late to have these conversations, begin steps to protect themselves, or even decide to stop having sex.

Source: CDC, 2024

Pregnancy-related Outcomes

Pregnancy-related health outcomes are influenced by a woman's health along with other factors.

Overweight and Obesity




According to the American College of Obstetricians and Gynecologists, overweight and obese women are at increased risk of several pregnancy complications such as: gestational diabetes, gestational hypertension (high blood pressure), preeclampsia, obstructive sleep apnea, and cesarean delivery. Similarly, babies born to women who are overweight or obese are at increased risk of complications such as: prematurity, stillbirth, congenital birth defects (such as heart defects or neural tube defects), birth injuries, and childhood obesity.

It is recommended that a woman who is at a healthy weight at the time she becomes pregnant only gains 25-35 pounds during her entire pregnancy. This number changes for women who may be overweight or obese at the time of conception. A woman who is overweight at the time of pregnancy is advised to only gain 15-25 pounds for the duration of her pregnancy while a woman who is obese at the time of pregnancy is advised to gain only 11-20 pounds during her entire pregnancy to avoid any health risks.

During the first trimester, a pregnant woman does not need any extra calories. During second trimester a pregnant woman only needs an additional 340 extra calories a day and during the third trimester a pregnant woman needs only 450 extra calories a day. It is also recommended that pregnant women continue to be active for at least 30 minutes on most, preferably all, days of the week to reach the goal of maintaining 150 minutes of moderate physical activity every week. Some low impact activities that will help pregnant women maintain a healthy weight include walking or swimming.

Sources: ACOG, 2024; CDC, 2024

Figure 339. Pre-Conception Health – Mother’s Weight

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births to mothers with healthy weight at time pregnancy occurred	Percent of total births	2021-23	8,207		31.3%	38.7%
Births to overweight mothers at the time pregnancy occurred	Percent of total births	2021-23	7,327		27.9%	28.7%
Births to obese mothers at the time pregnancy occurred	Percent of total births	2021-23	9,907		37.7%	29.5%

In Polk, well over half (65.6%) of the 2021-23 births were to women who were either overweight or obese at the time pregnancy occurred. Currently, there are more women who are obese or overweight at the time of pregnancy than there were during the 2020 Community Health Assessment. The percentage of women who are overweight at the time of pregnancy has increased from 26.9% (2016-18) to 27.9% (2021-23) and the percentage of women who are obese at the time of pregnancy has increased from 32.3% (2016-18) to 37.7% (2021-23).

Source: FDOH Bureau of Vital Statistics

Prenatal Care (PNC)

Prenatal care can help prevent and address health problems in both mothers and babies and is most effective when it starts early and continues throughout the duration of a pregnancy. Prenatal care is ideally initiated during the first trimester of a woman’s pregnancy (before the end of the 12th week of pregnancy). The related Healthy People 2030 goal is to increase the proportion of pregnant women who receive early and adequate prenatal care from 76.4% (2018) to 80.5% nationwide. Most recent data shows that only 74.9% (2022) of women in the United States receive early and adequate prenatal care and this indicator is getting worse.

Source: Healthy People 2030






Figure 340. Polk CHA Survey Respondents: Access to Prenatal Care

Indicator	Survey Count	Survey Percent
<i>Was there a time in the past 12 months where you needed pregnancy health care, but did not get the care that you needed? (n=1902)</i>		
Yes	56	2.94%
No	1846	97.06%
<i>What are some of the reasons that kept you from getting pregnancy care? (Choose all that apply) (n=54)</i>		
<i>Do not have insurance to cover pregnancy care</i>	18	-
<i>I didn’t know I was pregnant</i>	10	-
<i>Unable to schedule an appointment when needed</i>	9	-
<i>Unable to find a doctor who takes my insurance</i>	9	-
<i>Unable to afford to pay for care</i>	9	-
<i>I didn’t want others to know I was pregnant (such as family, boss/employer)</i>	3	-
<i>Transportation challenges</i>	3	-
<i>No childcare available</i>	3	-
<i>Doctor’s office does not have convenient hours</i>	2	-
<i>Cannot take time off work</i>	2	-
<i>Mistrust of doctor’s or health system</i>	2	-
<i>Someone wouldn’t let me</i>	2	-
<i>Other (please specify): open response</i>	2	-
<i>Immigration status</i>	0	-

For the survey respondents who reported there was a time in the last 12 months when they needed pregnancy care but did not get the care they needed, this graph shows the reasons why. The top 5 reasons respondents selected for not getting needed pregnancy care are: they do not have insurance to cover pregnancy care, they didn't know they were pregnant, they are unable to schedule an appointment when needed, they are unable to find a doctor who takes their insurance, and they are unable to afford to pay for care. *Other* responses included the provider not offering the type of care needed.

Source: Polk County Community Health Survey, 2024

Figure 341. Prenatal Care

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births to mothers initiating prenatal care in the 1 st trimester	Percent of births with known PNC status	2021-23	17,913	 3	69.0%	71.7%
Births to mothers initiating prenatal care in the 2nd trimester	Percent of births with known PNC status	2021-23	5,577	 3	21.5%	19.1%
Births to mothers initiating prenatal care in the 3rd trimester	Percent of births with known PNC status	2021-23	1,499	 3	5.8%	6.0%
Births to mothers with no prenatal care	Percent of births with known PNC status	2021-23	961	 3	3.7%	3.3%
Births with adequate prenatal care (<i>Kotelchuck Index</i>)	Percent of adequate PNC	2021-23	16,096	 3	62.2%	63.3%

The percent of Polk County women who initiate prenatal care in the first trimester of pregnancy (69.0%) is currently lower than the percentage across the State of Florida (71.7%).


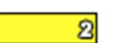
Another factor of concern is that less women are receiving adequate prenatal care than they were at the time of the 2020 Community Health Assessment. The *Kotelchuck Index* defines adequate prenatal care as pregnant women receiving at least 80% of their expected prenatal visits. The percentage of Polk County pregnant women who have received adequate prenatal care based on this index has decreased from 65.6% (2016-18) to 62.2% (2021-23).

Source: FDOH Bureau of Vital Statistics

Health Insurance Coverage

Access to health insurance coverage is an important factor in receiving the proper amount of prenatal care, as well as having a successful birth.

Figure 342. Medicaid and Uninsured Births

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births covered by Medicaid	Percent of total births	2021-23	26,694	 3	58.6%	43.9%
Births with self-pay for delivery payment source (uninsured women)	Percent of total births	2021-23	882	 2	3.3%	5.6%

Polk County has a higher rate of Medicaid births (58.6%) than the State of Florida (43.9%). However, only 3.3% of Polk County births are uninsured or self-pay compared to 5.6% of births in Florida.

Source: FDOH Bureau of Vital Statistics

Tobacco Use

Most people know that smoking can cause cancer and other major health problems. Smoking while pregnant can cause serious health issues for both the mother and the baby. Babies born to mothers who smoke while they are pregnant are at a greater risk of:

- being born too small (smoking effects a baby’s growth rate)
- premature birth
- damage to a baby’s developing brain and lungs
- birth defects, including cleft lip and cleft palate
- death from SIDS
- abnormal bleeding during childbirth (doubling the mother’s risk)

The best time to quit smoking is before becoming pregnant, however, quitting at any time during pregnancy can improve a baby’s start in life. After just one day of quitting, babies are able to get more oxygen, have more energy, and begin to grow better. The baby is also less likely to be born early, while the mother will be less likely to develop heart disease, stroke, lung cancer, and other lung diseases.

Secondhand smoke exposure occurs when people breathe in smoke that is breathed out by people who smoke or from burning tobacco products. There is no safe level of exposure to secondhand smoke and even a brief exposure can cause serious health problems. Secondhand smoke exposure during pregnancy can cause lower birth weight and preterm delivery. Babies that are exposed to secondhand smoke are at a higher risk for SIDS (Sudden Infant Death Syndrome), ear infections, lung infections, and decreased lung function.

Electronic cigarettes (e-cigarettes) contain a battery, a heating device and a cartridge to hold liquid. The liquid typically contains nicotine, flavoring, and other chemicals. E-cigarettes and other products containing nicotine are not safe to use during pregnancy. Nicotine can cause damage to the developing lungs and brain of a fetus. It has been stated by some sources that e-cigarettes are safer than regular cigarettes or that they can help someone to quit smoking. E-cigarettes are not currently approved by the Food and Drug Administration (FDA) to help people quit smoking.

Source: CDC, 2024

Figure 343. Tobacco Use and Pregnancy

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births to mothers who report smoking during pregnancy	Percent of total births	2021-23	855	2	3.2%	2.3%

The percent of births to mother who report smoking tobacco during pregnancy is steadily decreasing. In Polk County, 3.2% of mothers report smoking during their pregnancy (2021-23). While this number is still greater than the state percentage (2.3%), it is a great improvement from the 6.4% of Polk County mothers who reported smoking during pregnancy at the time of the 2020 Community Health Assessment (2016-18).

Source: FDOH Bureau of Vital Statistics

Cannabis Use

Cannabis may be bad for your baby no matter how you use it, including smoking, vaping, dabbing, eating or drinking, and applying creams or lotions to the skin. The chemicals in cannabis pass through a pregnant woman’s systems to their baby and may be harmful to the baby’s development. Some research shows that using cannabis while pregnant can cause health problems in newborns, including lower birth weight and abnormal neurological development. Studies also suggest that cannabis use by women during pregnancy could be linked to problems with attention, memory, problem-solving skills, and behavior for their children later in life. Although more research is needed to better understand how cannabis may affect women and their babies, it is recommended that pregnant women do not use cannabis at all.


Source: CDC, 2024

Family Planning and Birth Spacing

Birth spacing, sometimes called the interpregnancy interval, refers to the amount of time between the birth of one child and until the conception of the next pregnancy. To reduce the risk of pregnancy complications, research suggests waiting 18-24 months but less than 5 years after a live birth before attempting your next pregnancy. The risk of adverse health outcomes is highest for pregnancies spaced less than 12 months apart. Research shows that beginning a pregnancy with too short of an interpregnancy interval is associated with an increased risk of premature birth, placental abruption (the placenta partially or fully pulling away from the inner wall of the uterus before delivery), low birth weight, congenital disorders, schizophrenia, and maternal anemia. Closely spaced pregnancies may not give the mother enough time to recover from one pregnancy before moving on to the next. Some research also suggest that pregnancies spaced longer than 5 years apart increase the risk of preeclampsia, even in women that have no history of this condition.

Source: Mayo Clinic, 2022

Figure 344. Inter-pregnancy Interval Less Than 18 Months

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births with inter-pregnancy interval <18 months	Percent of total births	2021-23	6,917	 3	39.8%	36.3%

In Polk County, 39.8% of births (2021-23) occur in less than 18 months after the birth of a previous child, while only 36.3% of Florida births (2021-23) have an interpregnancy interval shorter than 18 months.

Source: FDOH Bureau of Vital Statistics

Infant Health

Birth-related Outcomes

Birth outcomes are a category of measures that describe health at birth. These outcomes, such as low birthweight (LBW), premature birth, and mortality rates serve as predictors of future child health. Birth outcomes can be different based on access to care, level of care, individuals' personal and behavioral characteristics, and environmental exposures. Monitoring birth outcome data can improve understanding of the role that these factors play in reproductive and infant health issues.

Premature birth, or preterm birth, is when a baby is born too early or before 37 weeks gestation. A developing baby goes through many important changes throughout pregnancy, including in the final weeks and days of the pregnancy. For example, the brain, lungs, and liver all need the final weeks of pregnancy to fully develop. Babies that are born too early, especially those born before 32 weeks, are at a greater risk for death and disability. Those babies that do survive a preterm birth may have breathing problems, feeding problems, cerebral palsy, developmental delay, vision problems, and/or hearing problems.

Many times, the cause of preterm birth is unknown. Several factors may increase the likelihood that a woman could deliver early. Groups with higher rates of preterm births include:






- Teens
- Women over the age of 35
- Black Women
- Women with lower incomes
- Women experiencing stress
- Women who have had a prior preterm birth

- Women with an infection
- Women carrying more than one baby (i.e., twins, triplets, etc.)
- Women with high blood pressure
- Women who use tobacco
- Women who use drugs

Pregnant women can take important risks to improve their general health and reduce their risk of preterm birth. Pregnant women are encouraged to quit smoking, avoid alcohol and drugs, get prenatal care early and throughout the entire duration of pregnancy, and to learn the signs and symptoms of preterm labor and seek medical attention when any of these signs or symptoms are present.

Source: CDC, 2024


Figure 345. Birth Outcomes

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Live births under 1500 grams (Very Low Birth Weight)	Percent of total births	2021-23	444	 3	1.7%	1.6%
Live births under 2500 grams (Low Birth Weight)	Percent of total births	2021-23	2,444	 3	9.1%	9.1%
Preterm births (births <37 weeks gestation)	Percent of total births	2021-23	2,869	 2	10.7%	10.7%
Preterm births with Low Birth Weight	Percent of preterm births	2021-23	1,693	 3	6.3%	6.2%
Multiple births (twins, triplets, or more)	Percent of total births	2021-23	870	 3	3.2%	3.0%

The percentage of preterm births in Polk County is equal to that of the state (10.7%). The percent of babies born at a Low Birth Weight in Polk County is also equal to that of the state (9.1%). The percent of babies that are born at a Very Low Birth Weight in Polk County (1.7%) is similar to the percent of babies born at a Low Birth Weight in the state (1.6%).

Source: FDOH Bureau of Vital Statistics

Figure 346. Infants in Foster Care

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Infants in foster care	Per 100,000 population under 1	2020-22	399	 2	1,591.2	1,481.9

For numerous reasons, babies may need to enter into the child welfare system. Polk County is currently in the 2nd quartile (second most favorable in the state) for the rate of infants in the foster care system and has a rate similar to the state (2020-22).

Source: Florida Safe Families Network

Differences in Birth Outcomes

Figure 347. Differences in Birth Outcomes by Race and Ethnicity in Polk County

Indicator	Measure	Year(s)	Race		Ethnicity	
			Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Total births in Polk County	Count	2023	9,229			
Total births in Polk County by race/ethnicity	Rate per 1,000 female population	2021-23	26.6	21.5	31.4	19.7
Births to mothers ages 15-19 (teen births)	Rate per 1,000 female population	2021-23	22.3	18.3	20.5	18.3
Repeat births to mothers ages 15-19	Percent of teen births	2021-23	15.7%	13.3%	12.6%	15.5%
Live births to mothers who smoked during pregnancy	Percent of total births	2021-23	2.4%	3.5%	1.0%	4.5%
Preterm births (<37 weeks gestation)	Percent of total births	2021-23	13.8%	10.1%	9.6%	11.3%
Live births <1500 grams (Very Low Birth Weight)	Percent of total births	2021-23	2.8%	1.4%	1.6%	1.7%
Live births <2500 grams (Low Birth Weight)	Percent of total births	2021-23	13.8%	8.0%	8.2%	9.6%
Preterm births with Low Birth Weight	Percent of preterm births	2021-23	9.4%	5.6%	5.7%	6.7%
Births to mothers initiating prenatal care in the 1 st trimester	Percent of births with known PNC status	2021-23	60.3%	71.6%	68.0%	69.6%
Births to mothers initiating prenatal care in the 2nd trimester	Percent of births with known PNC status	2021-23	25.8%	20.1%	23.1%	20.6%
Births to mothers initiating prenatal care in the 3rd trimester	Percent of births with known PNC status	2021-23	8.0%	5.1%	5.9%	5.7%
Births to mothers with no prenatal care	Percent of births with known PNC status	2021-23	5.9%	3.2%	3.1%	4.1%
Births with adequate prenatal care (Kotelchuck index)	Percent of adequate PNC	2021-23	51.4%	65.3%	60.0%	63.5%

The chart above shows some of the differences within Polk's population in both pregnancy-related outcomes and birth outcomes that have been discussed throughout this section. These are separated by race and ethnicity. Within the chart, the least favorable difference has been highlighted in orange.

The Black population in Polk has a higher rate of births to mothers ages 15-19 (22.3 per 1,000 females), a higher percentage of preterm birth (13.8%), and a higher percent Low Birth Weight babies (9.4%) than the White population.

There are also a lower percentage of pregnant Black women in Polk County initiating prenatal care in the 1st trimester (60.3% of pregnant Black women) and receiving adequate prenatal care (51.4% of pregnant Black women) when compared to pregnant White women (according to the *Kotelchuck Index*).

Pregnant White women in Polk County are more likely to report smoking during pregnancy (3.5%) compared to pregnant Black women.

The Hispanic population in Polk has a higher rate of births to mother ages 15-19 (20.5 per 1,000 females) than the non-Hispanic population. Pregnant Hispanic women in Polk County are also less likely to receive adequate prenatal care (60.0% of pregnant Hispanic women) when compared to pregnant non-Hispanic women (according to the *Kotelchuck Index*).

Source: FDOH Bureau of Vital Statistics

Maternal & Infant Mortality

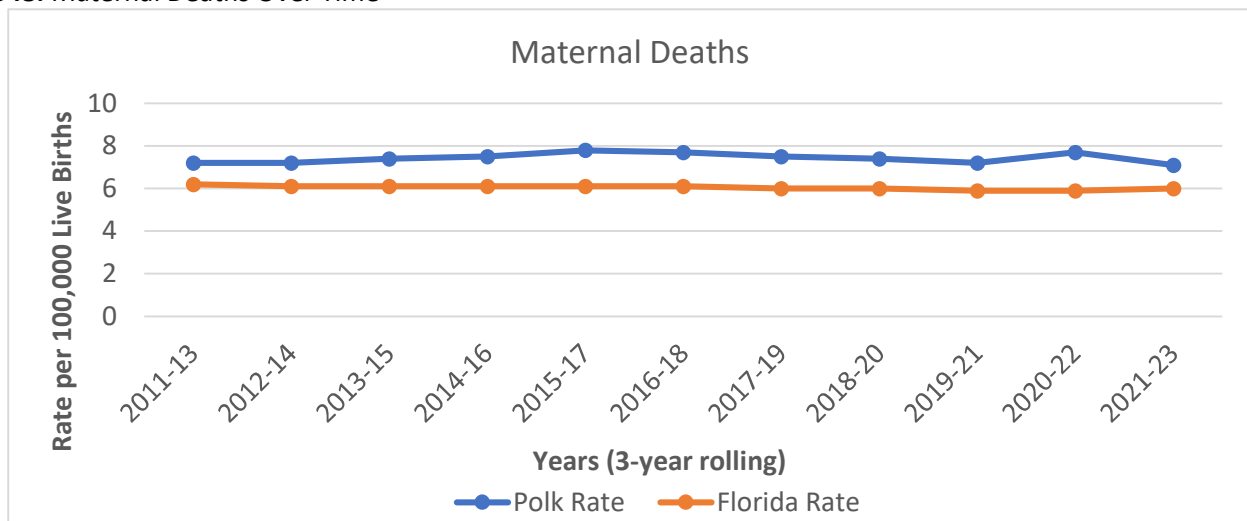
Maternal Mortality

The World Health Organization (WHO) defines a maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. More than 80% of pregnancy-related deaths are preventable. Factors like income and access to quality care can affect a person’s ability to manage conditions like high blood pressure or diabetes that increase maternal risk of death. In addition, starting prenatal care early, seeing a health care provider throughout pregnancy, and attending postpartum visits help in the prevention and treatment of pregnancy-related complications.

Healthy People 2030 aims to reduce the rate of maternal deaths from 17.4 to 15.7 per 100,000 live births. Unfortunately, the State of Florida currently has a maternal mortality rate of 34.2 per 100,000 live births while Polk County currently has a rate of 22.4 maternal deaths per 100,000 live births (2021-23).

Sources: CDC, 2024; Healthy People 2030; WHO, 2024

Figure 348. Maternal Deaths Over Time



Polk County currently has a rate of 22.4 maternal deaths per 100,000 live births which is significantly lower than the state rate (34.2 per 100,000 live births). The rate of maternal deaths has decreased since 2015-17.





Source: FDOH Bureau of Vital Statistics

Infant Mortality

Infant mortality is defined as the death of an infant before their first birthday (0-364 days). Infant mortality is often referred to as the “pulse of the community” because it is an important marker for the overall health of a society as well as giving key information about maternal and infant health specifically. The five leading causes of infant death in the United States are birth defects, preterm birth, maternal pregnancy complications, injuries (such as suffocation), and SUIDS (Sudden Unexpected Infant Death Syndrome).

Source: CDC, 2024

Figure 349. Fetal and Infant Deaths

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Fetal Deaths (before delivery)	Per 1,000 deliveries	2021-23	217	 3	8.0	6.9
Infant Deaths (0-364 days)	Per 1,000 live births	2021-23	191	 3	7.1	6.0
Neonatal Deaths (<28 days)	Per 1,000 live births	2021-23	113	 3	4.2	3.9
Post Neonatal Deaths (28-364 days)	Per 1,000 live births	2021-23	78	 3	2.9	2.0

The Healthy People 2030 goal is to reduce the rate of infant deaths to 5.0 infant deaths per 1,000 live births. Polk County is currently in the 3rd quartile (second least favorable in the State of Florida) for infant death and has a rate of 7.1 infant deaths per 1,000 births while the state has a rate of 6.0 infant deaths per 1,000 live births. According to the Circuit 10 Fetal and Infant Morality Review (FIMR), the leading causes of infant death in Polk County are premature birth, congenital birth defects, and sleep-related deaths.

Sources: FDOH Bureau of Vital Statistics; FIMR, 2024; Healthy People 2030

Figure 350. Differences in Infant Death by Race and Ethnicity in Polk County

Indicator	Measure	Year(s)	Race		Ethnicity	
			Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Infant Death Rate	Per 1,000 live births	2021-23	15.6	4.9	6.4	7.6

The chart above shows some of the differences within Polk’s population in infant death as discussed throughout this section. These are separated by race and ethnicity. Within the chart, the least favorable difference has been highlighted in orange.

The Black infant mortality rate in Polk County (15.6 per 1,000 live births) is almost 3 times as high as the White infant mortality rate (4.9 per 1,000 live births). Non-Hispanics in Polk County have a higher rate of infant mortality (7.6 per 1,000 live births) than Hispanics (6.4 per 1,000 live births).

Source: FDOH Bureau of Vital Statistics

Sleep-related Deaths

Death certificate reviews conducted by the Circuit 10 FIMR revealed that the second leading cause of infant death in Polk County is sleep-related death. Sleep-related deaths occur during an infant's sleep or in an infant's sleep area. These deaths include accidental strangulation, suffocation in bed, or positional asphyxia. Learning about safe sleep for babies is important for all caregivers, including grandparents, relatives, and babysitters, not just for the parents. All caregivers will need to use safe sleep practices in order for the infant to truly be protected.

It is recommended that babies sleep on their backs, not on their stomach, every time that they are laid down to sleep. It is also recommended that babies are put to sleep on a firm crib mattress with a fitted sheet. Any loose bedding, blankets, and crib bumpers should be removed from the crib as these items increase an infants' risk of suffocation. There should be no pillows, stuffed animals, or toys in a baby's crib at any time. Most importantly, babies should have their own crib and sleeping space; babies should not share their bed with their parents, siblings, twin, or pets. It is recommended that parents put the baby's crib in their room for the first 6 months of a baby's life; this is known as room sharing. Breastfeeding an infant significantly reduces the risk of a sleep-related death. Furthermore, never smoke around a baby as smoke increases an infant's risk of dying a sleep-related death.

Source: FIMR, 2024; NIH, 2022

Breastfeeding

Breastfeeding is an investment in the health of both mothers and babies, not just a lifestyle decision. Breastfeeding is the best source of nutrition for most infants. Infants who have been breastfed have lower risks of asthma, obesity, type 1 diabetes, severe lower respiratory disease, ear infections, SIDS, and gastrointestinal infections like diarrhea and vomiting. Breastfeeding also reduces an infant's risk of necrotizing enterocolitis (NEC), a leading cause of death in infants born 37 weeks or earlier. Infants living in a smoking household have a greater chance of survival if they are breastfed. In addition to the benefits breastfeeding has for babies, there are also benefits for the mother. Mothers who initiate breastfeeding have a lower risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer. Breastfeeding reduces maternal bleeding after birth and mothers who breastfeed their infants are less likely to abuse their children.

The recommendation of the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) is to exclusively breastfeed infants for the first 6 months of life. An exclusively breastfed infant receives nutrition from the mother's breastmilk **only** and is not supplemented with any other type of food, including water.

Breastfeeding is such an important protective factor that Healthy People 2030 crafted two goals around breastfeeding infants. The first is to increase the proportion of infants who are exclusively breastfed through age 6 months to 42.4%. The second is to increase the proportion of infants who are breastfed at 1 year to 54.1%.

Medications, alcohol, tobacco, and cannabis can pass from the mother into the breast milk. It is recommended that mothers talk to their health care provider about any medications or supplements that they take while breastfeeding to determine the safety of these medications. Avoidance of alcohol consumption, tobacco use, and cannabis use are also recommended for breastfeeding mothers.

Sources: AAP, 2023; CDC, 2024; Healthy People 2023; WHO, 2025

Figure 351. Mothers Who Initiate Breastfeeding

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Mothers Who Initiate breastfeeding	Percent	2021-23	22,585	2	84.2%	85.8%

Across the State of Florida, 85.8% of mothers have initiated breastfeeding their infants; meaning they have attempted breastfeeding their infant at least once. The percent of mothers who initiate breastfeeding in Polk County (84.2%) is lower than across the state.

Source: FDOH Bureau of Vital Statistics

Figure 352. Mothers Who Initiate Breastfeeding by Race and Ethnicity in Polk County

Indicator	Measure	Year(s)	Race		Ethnicity	
			Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Mothers Who Initiate Breastfeeding	Percent	2021-23	76.9%	85.9%	87.7%	82.3%

The chart above shows some of the differences within Polk’s population regarding breastfeeding initiation. These are separated by race and ethnicity. Within the chart, the least favorable difference has been highlighted in orange.

In Polk, Black women (76.9%) are less likely to initiate breastfeeding than White women (85.9%) in Polk County. Additionally, Hispanic women (87.7%) are more likely to initiate breastfeeding than non-Hispanic women (82.3%).

Source: FDOH Bureau of Vital Statistics

Immunizations and Infectious Disease

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi and can be spread from one person to another, through contaminated food or water, and through bug bites. Vaccines reduce a person’s risk of getting an infectious disease by training the immune system to recognize and fight infections.

Source: Cleveland Clinic, 2022

Vaccine-Preventable Diseases

Vaccines prevent countless cases of disease and save millions of lives. Vaccines are available to protect against the following diseases:

- Varicella (Chickenpox)
- Dengue
- Diphtheria
- Influenza (the flu)
- Hepatitis A
- Hepatitis B
- Hib (Haemophilus influenzae type b)
- HPV (human papillomavirus)
- Measles
- Meningococcal Disease
- Mpox
- Mumps
- Pneumococcal Disease
- Polio
- Rotavirus
- RSV (respiratory syncytial virus)
- Rubella (German measles)
- Shingles (herpes zoster)
- Tetanus
- Pertussis (Whooping Cough)

Source: CDC, 2024

Figure 353. Vaccine-Preventable Diseases

Indicator	Measure	Year	Polk County			Florida	
			Count	Quartile	Rate	Count	Rate
Meningococcal Disease	Per 100,000	2023	0	-	0.0	41	0.2
Pertussis (Whooping Cough)	Per 100,000	2023	1	-	0.1	85	0.4
Varicella (Chickenpox)	Per 100,000	2023	28	-	3.5	653	2.9
Measles (Rubeola)	-	2023	0	-	-	2	-
Mumps	-	2023	0	-	-	11	-
Tetanus	-	2023	0	-	-	1	-
Rubella	-	2023	0	-	-	0	-
Diphtheria	-	2023	0	-	-	0	-
Poliomyelitis	-	2023	0	-	-	0	-
Hepatitis B, Acute	Per 100,000	2023	31	3	3.9	866	3.8
Hepatitis B, Chronic	Per 100,000	2023	96	2	12.1	5,694	25.1
Streptococcus pneumoniae Invasive Disease	Per 100,000	2023	24	1	3.0	1,146	5.1

Rates of vaccine-preventable diseases are low across Polk County and the State of Florida. Polk County has a higher rate of varicella (chickenpox) (3.5 per 100,000) than the State of Florida (2.9 per 100,000).

Source: FDOH Bureau of Epidemiology

Figure 354. Ambulatory Care Sensitive Hospitalizations from Vaccine-Preventable Conditions (Ages 0-64)

Indicator	Measure	Year(s)	Polk County		Florida	
			Count	Rate	Count	Rate
Ambulatory Care Sensitive Hospitalizations from Vaccine-Preventable Conditions (0-64 years)	Per 100,000 population under 65	2021-23	-	0.2	94	0.2

Source: Florida AHCA

Non-Vaccine-Preventable Diseases

Figure 355. Non-Vaccine-Preventable Diseases

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Cryptosporidiosis	Per 100,000	2021-23	73	3	3.2	2.4
Shigellosis	Per 100,000	2021-23	71	3	3.1	4.1

Source: FDOH Bureau of Epidemiology

Child and Adolescent Immunizations

Vaccines are especially important for providing infants, children, and adolescents with immunity before they are exposed to potentially life-threatening diseases. Vaccine schedules have been developed by experts to ensure infants, children, and adolescents receive the vaccines they need at the appropriate age.

Source: CDC, 2024

Figure 356. Childhood and Adolescent Immunizations

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
2-year-old children fully immunized: basic immunization series	Percent	2022	-	-	77.0%	76.6%
Immunization levels in Kindergarten	Percent	2023	8,639	2	93.2%	90.6%
Immunization levels in 7 th Grade	Percent	2023	9,158	2	95.9%	93.6%

Rates of required childhood and adolescent immunization are higher in Polk County than the State of Florida.

Sources: FDOH Bureau of Epidemiology

Adult Immunizations

It is recommended that all eligible adults and children older than 6 months receive a flu shot annually. Pneumococcal vaccines are recommended for adults aged 50 and older.

Source: CDC, 2024

Pneumonia & Influenza

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Pneumonia is usually caused by a bacteria or virus, but can also be caused by fungi and parasites.

Influenza (flu) is a contagious respiratory illness caused by the influenza virus. Influenza can cause mild to severe illness and can result in hospitalization or death if severe. Young children, older adults, and people with certain medical conditions are at higher risk of flu complications. The best way to prevent flu is by getting vaccinated every year.

Source: CDC, 2024

Figure 357. Pneumonia & Influenza

Indicator	Measure	Year	Polk County			Florida
			Count	Quartile	Rate	
Ambulatory Care Sensitive Hospitalizations under age 65 from Bacterial Pneumonia ¹	Per 100,000	2023	467	2	73.4	70.3
Age-adjusted Pneumonia deaths ²	Per 100,000	2023	151	4	14.1	7.2
Age-adjusted Influenza and Pneumonia deaths ²	Per 100,000	2023	169	4	16.0	8.2

The rate of hospitalizations and deaths from pneumonia and influenza are higher in Polk County than across the State of Florida.

Sources: ¹ Florida AHCA; ² FDOH Bureau of Vital Statistics

Hepatitis A

Hepatitis A is a disease of the liver caused by the hepatitis A virus (HAV). Hepatitis A is highly contagious and usually causes a mild, short-term illness. The hepatitis A virus is contagious and spreads through close person-to-person contact and eating contaminated food or drink. Vaccination is the best way to prevent infection. In addition, practicing good hand hygiene – thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food can also prevent the spread of hepatitis A. Mild cases of hepatitis A do not require treatment; most people who are infected recover completely with no liver damage. Hepatitis A rates are monitored to identify and prevent water and food-borne disease outbreaks.

Source: CDC, 2024

Figure 358. Hepatitis A Rate

Indicator	Measure	Year	Polk County		Florida Rate	HP 2030
			Count	Rate		
Hepatitis A	Per 100,000	2023	2	0.3	0.4	0.4

Source: FDOH Bureau of Epidemiology

Hepatitis B

Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). Hepatitis B is transmitted through blood, semen, or other bodily fluids – this can happen through sexual contact, sharing needles, or from mother to baby at birth. For some people, hepatitis B is an acute, short-term illness, but for others it can become a long-term, chronic infection. The type of hepatitis B you have depends on how long you have had the virus in your body, the health of your liver, and other factors. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%-6% of adults. A blood test can indicate what type of hepatitis B someone has. Acute hepatitis B is a short-term illness that occurs within the first 6 months after exposure to HBV. Some people with acute hepatitis B have no symptoms or only a mild illness. For others, acute hepatitis B can cause a more severe illness that requires hospitalization. Acute hepatitis B can lead to a lifelong infection known as chronic hepatitis B. Left untreated, chronic hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death. Vaccination is the best way to prevent hepatitis B infection. It is recommended that all infants get vaccinated against hepatitis B.

Source: CDC, 2024

Figure 359. Hepatitis B Rates

Indicator	Measure	Year	Polk County			Florida	HP 2030
			Count	Quartile	Rate		
Hepatitis B, acute	Per 100,000	2023	31	3	3.9	3.8	0.1
Hepatitis B, chronic	Per 100,000	2023	96	2	12.1	25.1	-
Hepatitis B, pregnant women	Per 100,000 Female Population 15-44	2023	3	-	4.0	12.5	-

Source: FDOH Bureau of Epidemiology

Hepatitis C

Hepatitis C is liver infection caused by the hepatitis C virus (HCV). Hepatitis C is a blood-borne virus that today is mostly spread by sharing needles or other equipment to inject drugs. For some people, hepatitis C is a short-term illness, but for most people who become infected with hepatitis C, it becomes a long-term, chronic infection. Chronic hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants in the U.S. There is no vaccine for hepatitis C; the best way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injecting drugs.

Source: CDC, 2024

Figure 360. Hepatitis C Rates

Indicator	Measure	Year	Polk County			Florida	HP 2030
			Count	Quartile	Rate		
Hepatitis C, acute	Per 100,000	2023	37	2	4.7	7.0	0.1
Hepatitis C, chronic (including perinatal)	Per 100,000	2023	295	1	37.3	54.9	-

Source: FDOH Bureau of Epidemiology

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that weakens a person’s immune system by destroying the cells that fight disease and infection. HIV can lead to acquired immunodeficiency syndrome (AIDS) if not treated. There is no cure for HIV, however with proper treatment, HIV can be controlled and AIDS prevented. If people with HIV take antiretroviral therapy (ART) as prescribed, their viral load (the amount of HIV in their blood) can become undetectable. This allows them to live long, healthy lives and reduces their risk of transmitting the virus to others. Due to advances in treatment, today someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

Source: CDC, 2024

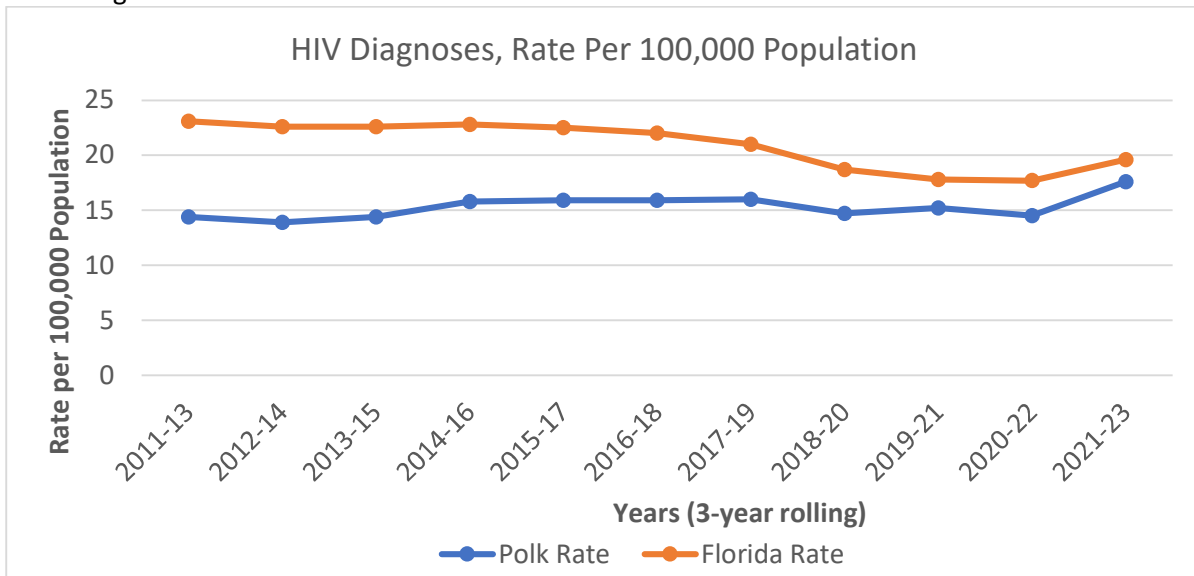
Figure 361. HIV/AIDS

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
HIV Diagnoses	Per 100,000	2021-23	405	4	17.6	19.6
AIDS Diagnoses	Per 100,000	2021-23	210	4	9.1	8.7
Persons Living with HIV	Per 100,000	2023	3,232	3	408.2	566.4
Age-adjusted death rate from HIV/AIDS	Per 100,000	2021-23	53	3	2.1	2.3

Polk County is in the 4th quartile for HIV and AIDS Diagnoses.

Source: FDOH Bureau of Communicable Diseases

Figure 362. HIV Diagnoses



The rate of HIV diagnoses is lower in Polk County than across the State of Florida, however both have increased since 2020-2022.

Source: FDOH Bureau of Communicable Diseases

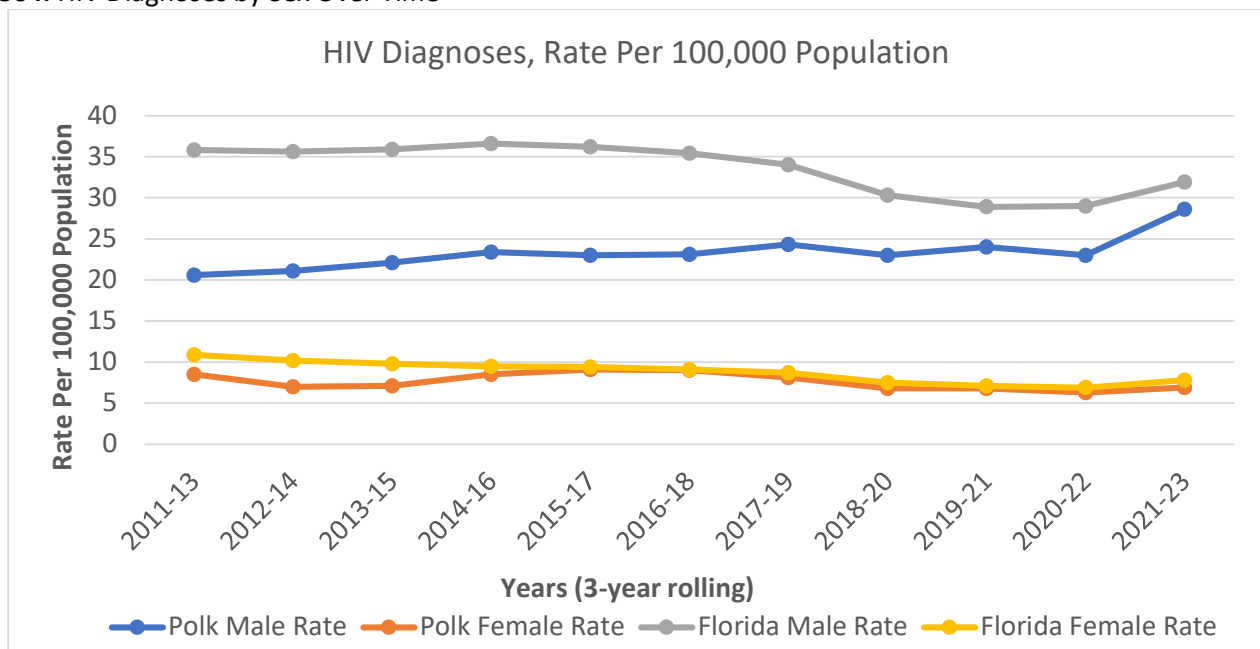
Figure 363. HIV Diagnoses by Sex

HIV Diagnoses, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2021-23	28.6	6.9	31.9	7.8

The rate of HIV diagnoses is more than 4 times greater among males in Polk than females.

Source: FDOH Bureau of Communicable Diseases

Figure 364. HIV Diagnoses by Sex Over Time



In Polk County and across the State of Florida, HIV cases are higher among males than females; this is a consistent trend. Rates of HIV diagnosis among males in Polk and Florida have increased between 2020-2022 and 2021-2023. Florida's rate of HIV cases among males is higher than Polk's rate; this is also a consistent trend. Conversely, the rates for women

are more similar between Polk County and the State of Florida, with rates typically slightly higher among women statewide than women in Polk.

Source: FDOH Bureau of Communicable Diseases

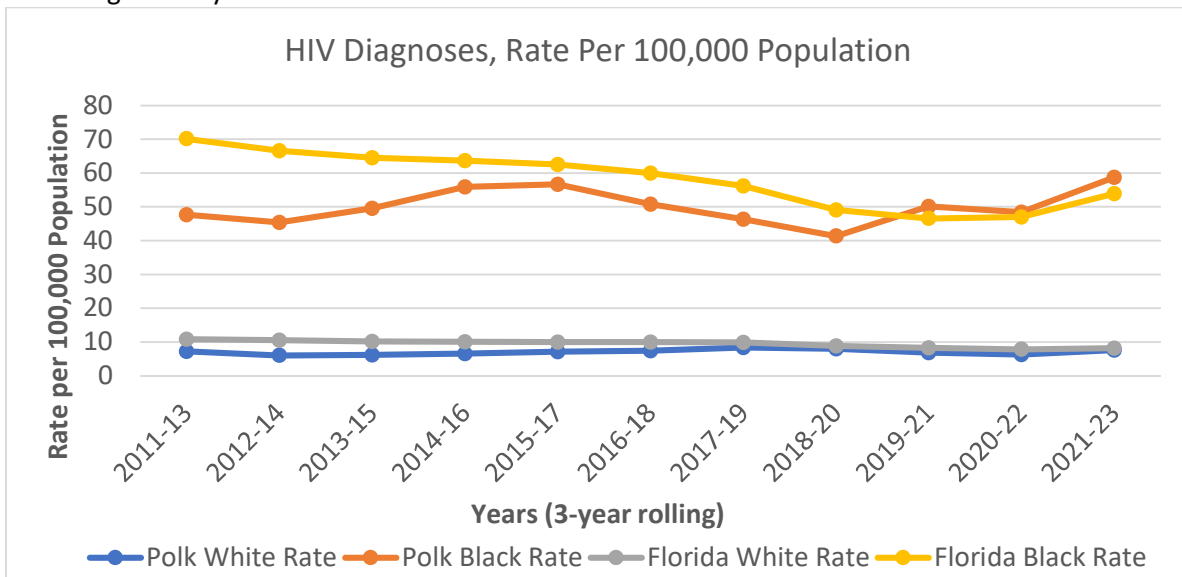
Figure 365. HIV Diagnoses by Race

HIV Diagnoses, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	7.6	58.8	8.2	53.9

The rate of HIV diagnoses is more than seven times higher among the Black population in Polk than the White population.

Source: FDOH Bureau of Communicable Diseases

Figure 366. HIV Diagnoses by Race Over Time



The rate of HIV diagnoses is more than seven times higher among the Black population than the White population in Polk County. Across the State of Florida, the rate of HIV diagnoses is over six times higher among the Black population than the White population. The rates of HIV diagnoses among Blacks in both Polk County and the State of Florida have increased in recent years. The rate for the White population has remained relatively stable over time in both Polk County and Florida.

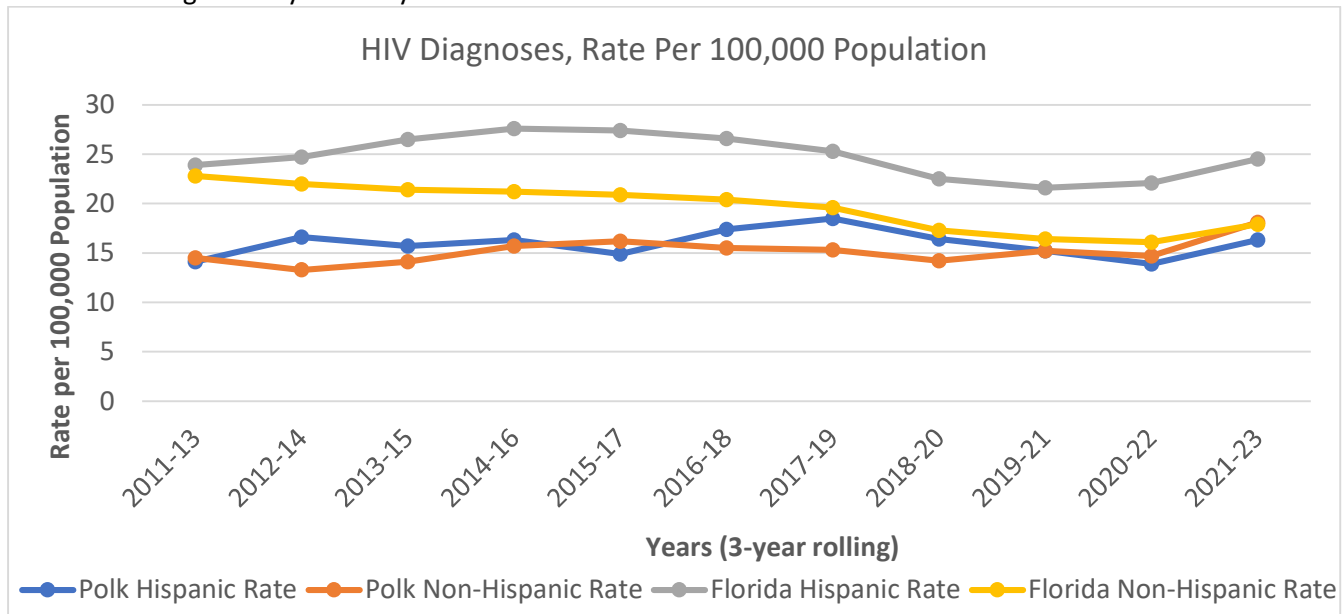
Source: FDOH Bureau of Communicable Diseases

Figure 367. HIV Diagnoses by Ethnicity

HIV Diagnoses, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	16.3	18.1	24.5	17.9

Source: FDOH Bureau of Communicable Diseases

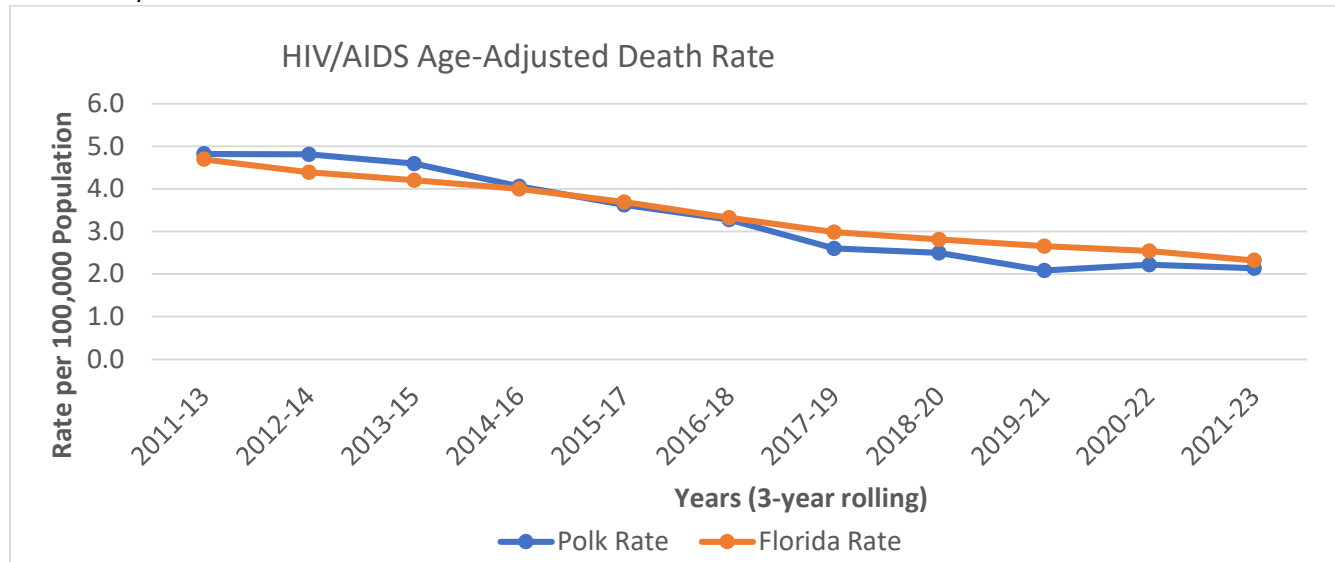
Figure 368. HIV Diagnoses by Ethnicity Over Time



The rate of HIV cases in Polk is slightly higher among non-Hispanics than Hispanics. Statewide, the rate of HIV cases is higher among the Hispanic population than the non-Hispanic population.

Source: FDOH Bureau of Communicable Diseases

Figure 369. HIV/AIDS Death Rate Over Time



Rates of death from HIV/AIDS are similar in both Polk County and the State of Florida and have decreased over time.

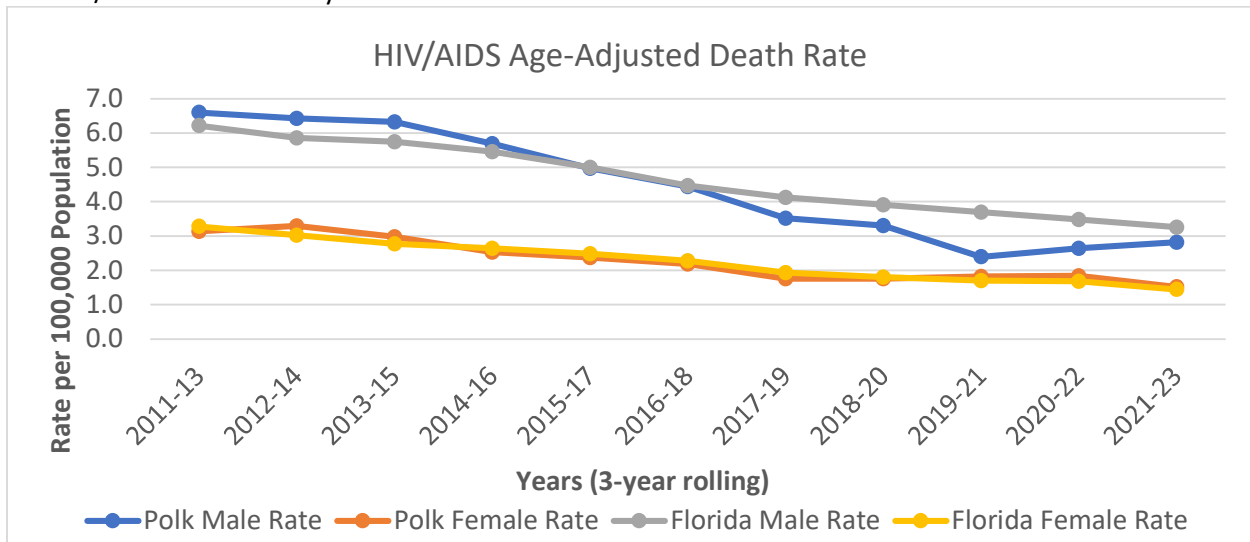
Source: FDOH Bureau of Vital Statistics

Figure 370. HIV/AIDS Death Rate by Sex

Age-Adjusted HIV/AIDS Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2021-23	2.8	1.5	3.3	1.4

Source: FDOH Bureau of Vital Statistics

Figure 371. HIV/AIDS Death Rate by Sex Over Time



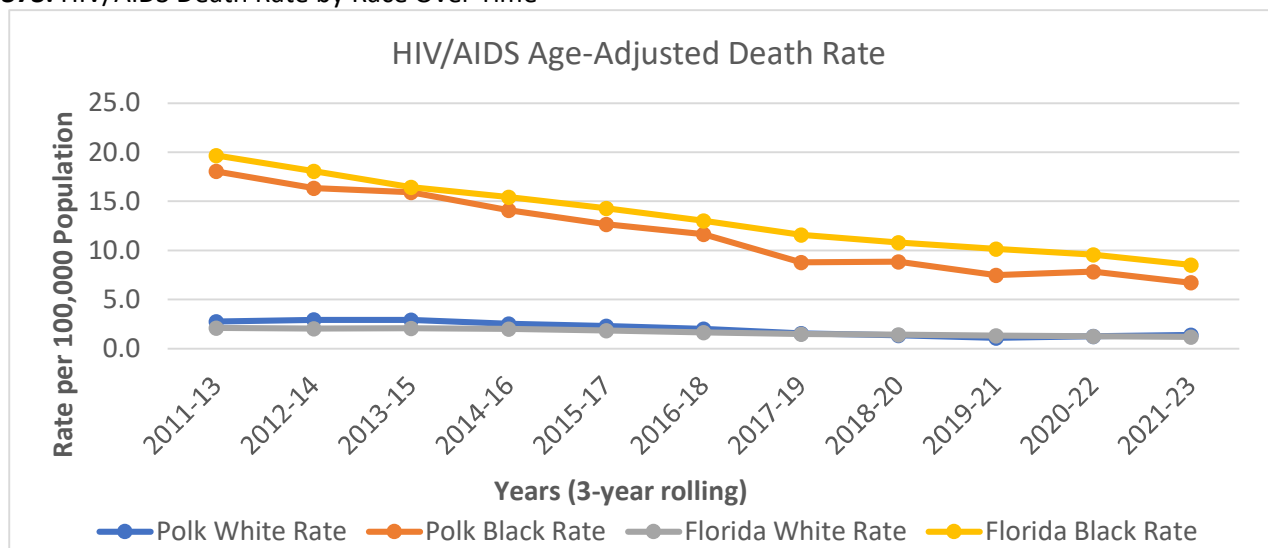
Death rates from HIV/AIDS are almost twice as high among males in Polk County (2.8 per 100,000) than females (1.5 per 100,000). Across the State of Florida, males (3.3 per 100,000) are more than twice as likely to die from HIV/AIDS than females (1.4 per 100,000).

Figure 372. HIV/AIDS Death Rate by Race

Age-Adjusted HIV/AIDS Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	1.4	6.7	1.2	8.5

The rate of death from HIV/AIDS is over four times higher among the Black population in Polk than the white population. **Source:** FDOH Bureau of Vital Statistics

Figure 373. HIV/AIDS Death Rate by Race Over Time



Rates of death from HIV/AIDS are over four times higher among the Black population than the white population in Polk County. The State of Florida shows a similar trend, with rates of death from HIV/AIDS over seven times as high among the Black population than the White population. The rate of deaths from HIV/AIDS among the Black population in Polk County is lower than that of the Black population across the State of Florida, however both rates have decreased over time.

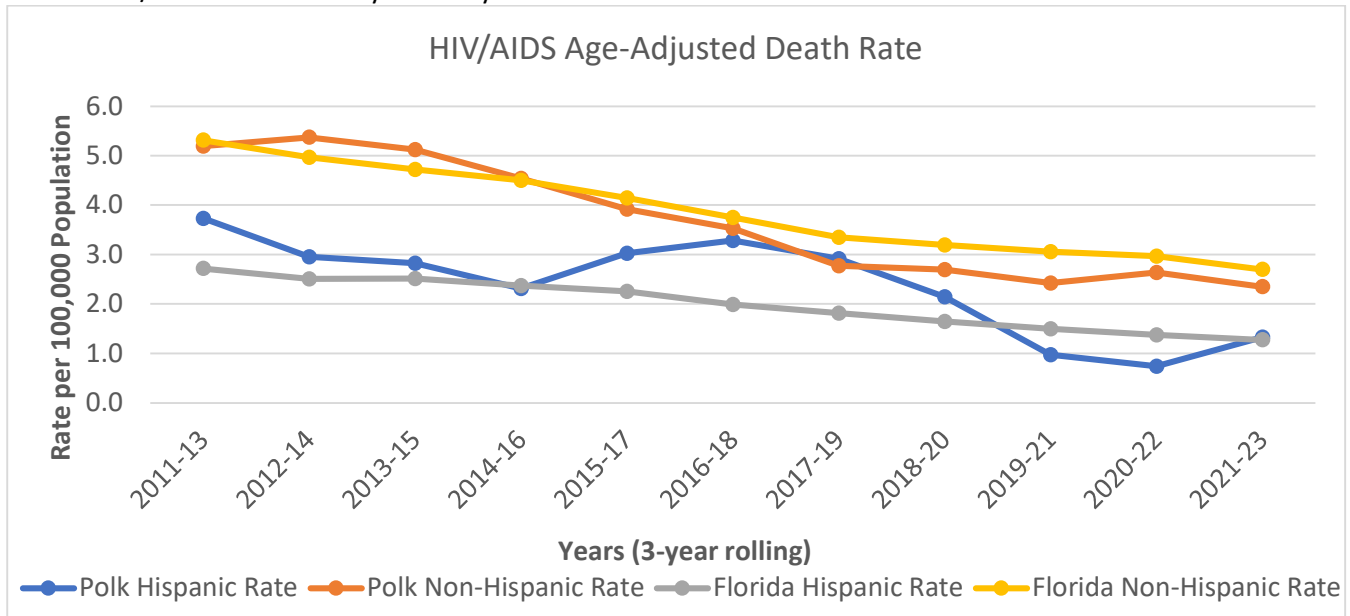
Source: FDOH Bureau of Vital Statistics

Figure 374. HIV/AIDS Death Rate by Ethnicity

Age-Adjusted HIV/AIDS Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	1.3	2.4	1.3	2.7

Source: FDOH Bureau of Vital Statistics

Figure 375. HIV/AIDS Death Rate by Ethnicity Over Time



The death rate from HIV/AIDS is almost twice as high among non-Hispanics in Polk County as Hispanics; this is similar across the State of Florida.

Source: FDOH Bureau of Vital Statistics

Sexually Transmitted Diseases (STDs)

All people who are sexually active are at risk for getting sexually transmitted diseases or infections (STDs or STIs). When properly used, condoms are highly effective at reducing transmission of some STDs, however no method can fully eliminate the risk of transmission. Many STDs have no signs or symptoms, making testing important for those who may have been exposed. Some STDs are easy to treat and cure, while others last life-long and require complicated treatment to manage them. Common bacterial STDs include chlamydia, gonorrhea, and syphilis.

Source: Mayo Clinic, 2023

Figure 376. Sexually Transmitted Diseases (STDs)

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Bacterial STDs	Per 100,000	2023	6,145	3	776.2	788.2
Chlamydia cases	Per 100,000	2023	4,269	4	539.2	498.6
Gonorrhea cases	Per 100,000	2023	1,441	3	182.0	206.5
Infectious Syphilis cases	Per 100,000	2023	130	3	16.4	19.3

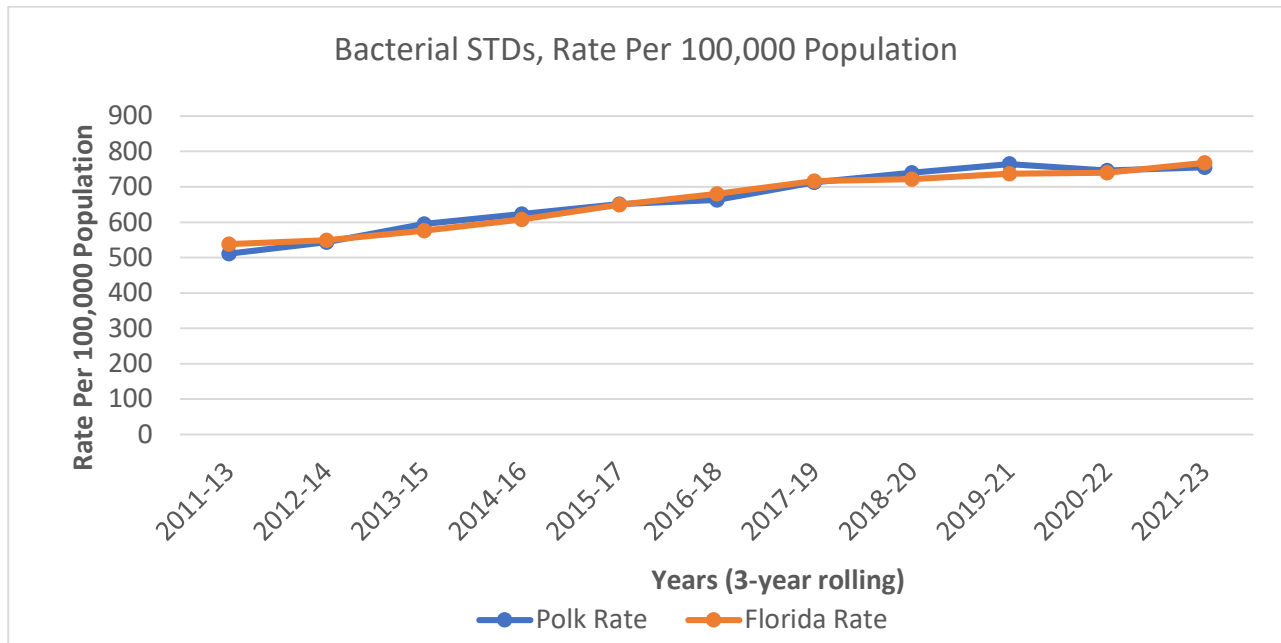
Source: FDOH Bureau of Communicable Diseases

Figure 377. Bacterial STDs

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population		
Year	Polk Rate	Florida Rate
2021-23	755.3	767.9

Source: FDOH Bureau of Communicable Diseases

Figure 378. Bacterial STDs Over Time



The rate of bacterial STDs is slightly lower in Polk County than across the State of Florida, however both rates have increased over the past several years.

Source: FDOH Bureau of Communicable Diseases

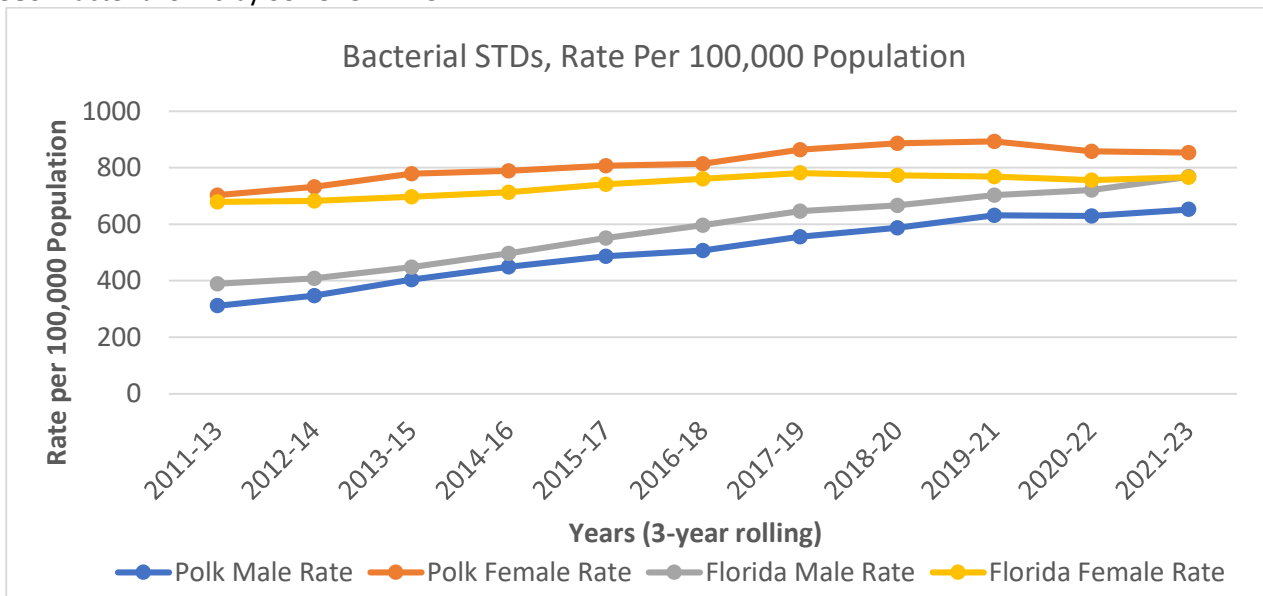
Figure 379. Bacterial STDs by Sex

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2021-23	652.8	854.0	768.4	766.4

The rate of bacterial STDs is higher among females (854.0 per 100,000) than males (652.8 per 100,000) in Polk County. Across the State of Florida, the rate of bacterial STDs is slightly higher among males (768.4 per 100,000) than females (766.4 per 100,000).

Source: FDOH Bureau of Communicable Diseases

Figure 380. Bacterial STDs by Sex Over Time



Source: FDOH Bureau of Communicable Diseases

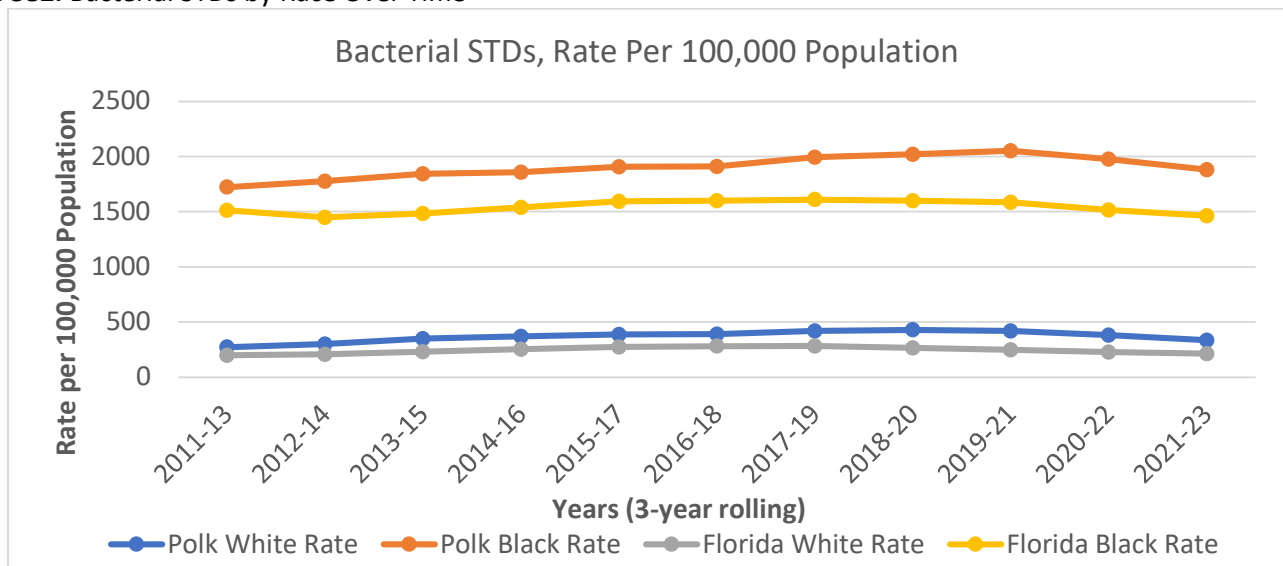
Figure 381. Bacterial STDs by Race

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2021-23	334.1	1,879.0	214.0	1,462.4

The Black population has greater rates of bacterial STDs in Polk County and Statewide. In Polk County, the rate of bacterial STDs among the Black population is over five times higher than the white population. Statewide, the rate of bacterial STDs among the Black population is over six times higher than the white population.

Source: FDOH Bureau of Communicable Diseases

Figure 382. Bacterial STDs by Race Over Time



The rate of bacterial STDs in Polk County is more than five times greater among the Black population than the white population. The rate of bacterial STDs among the Black population in Polk County is higher than that of the Black population across the State of Florida.

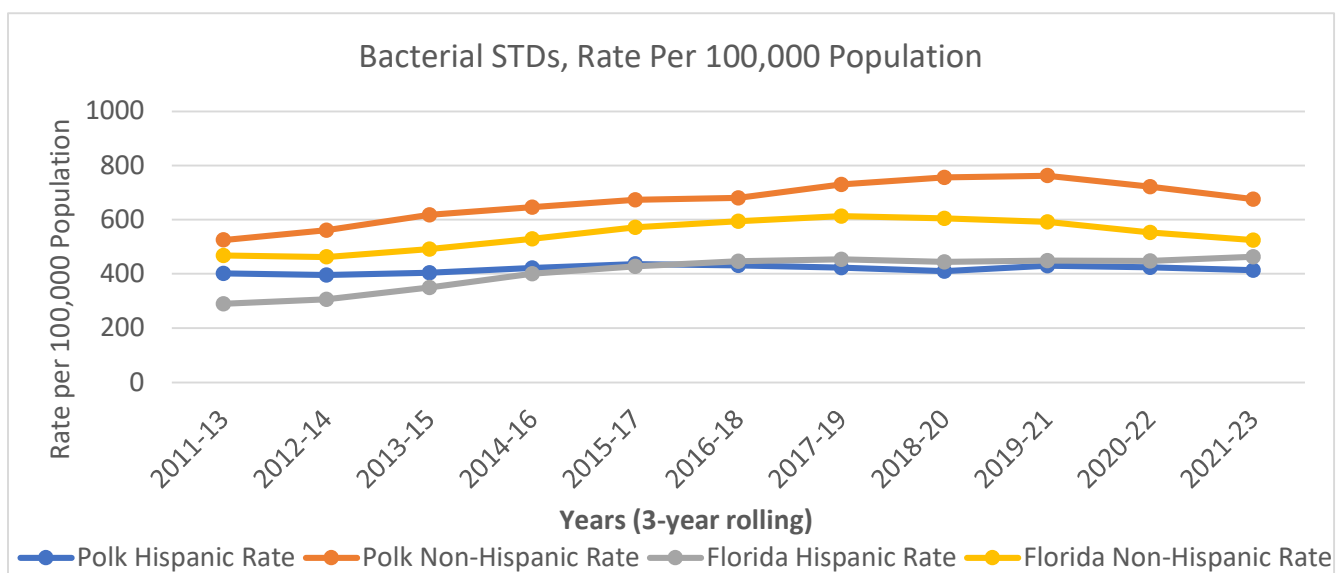
Source: FDOH Bureau of Communicable Diseases

Figure 383. Bacterial STDs by Ethnicity

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2021-23	413.4	676.0	463.2	524.2

Source: FDOH Bureau of Communicable Diseases

Figure 384. Bacterial STDs by Ethnicity Over Time



The rate of bacterial STDs in Polk County is higher for non-Hispanics than Hispanics; the State of Florida shows a similar trend.

Source: FDOH Bureau of Communicable Diseases

Tuberculosis

Tuberculosis (TB) is caused by a bacterium that usually attacks the lungs. TB is spread through the air from one person to another.

Source: CDC, 2024

Figure 385. Tuberculosis (TB)

Indicator	Measure	Year(s)	Polk County		Florida Rate	HP 2030
			Count	Rate		
Tuberculosis cases ¹	Per 100,000	2023	15	1.9	2.8	1.4
Tuberculosis cases (aged 0-4 years) ¹	Per 100,000	2023	0	0.0	0.7	-
Age-adjusted death rate ²	Per 100,000	2021-23	1	0.0	0.1	-

Rates of tuberculosis cases are slightly lower in Polk County (1.9 per 100,000) than across the State of Florida (2.8 per 100,000). The death rate from tuberculosis is also similar across Polk County (0.0 per 100,000) and the State of Florida (0.1 per 100,000).

Sources: ¹FDOH Bureau of Epidemiology; ²FDOH Bureau of Vital Statistics

Injury Prevention and Safety

Exposure to violence and crime can impact health, and has been linked to asthma, hypertension, cancer, stroke, and mental disorders.

Source: Healthy People 2030

Figure 386. Polk CHA Survey Respondents: Community Safety

Indicator	Survey Count	Survey Percent
<i>My community is safe.</i> (n=1921)		
<i>Agree</i>	1187	61.79%
<i>Disagree</i>	346	18.01%
<i>Not Sure</i>	388	20.20%

The majority of Polk County residents responding to the 2024 Polk CHA Survey indicated that their community is a safe place to live (61.79%).

Source: Polk County Community Health Survey, 2024

Violence

Violence is an urgent public health problem. There is an overlap of individual, relationship, community, and societal factors that either put people at risk for violence or protect them from experiencing or perpetrating violence. The factors that are present at one level influence the factors at another level. Victims of one form of violence are more likely to experience other forms of violence as well. Similarly, people who have been violent in one context (e.g., toward their peers) are more likely to be violent in another context (e.g., violent towards their dating partner). Research has also shown that various forms of violence share common consequences that can negatively impact mental, emotional, physical, and social well-being. These consequences may contribute to chronic health conditions like cancer, cardiovascular disease, lung disease, or diabetes. Research has also found that the different forms of violence also share common risk and protective factors, and that preventing violence requires strategies impacting multiple levels.

Source: CDC, 2024

Child Abuse

Child abuse and neglect includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g. a religious leader, a coach, or a teacher) that results in harm, the potential for harm, or threat of harm to a child. The four common types of child abuse are:

- *Physical abuse* – the intentional use of physical force that results in physical injuries (e.g., hitting, kicking, shaking, burning)
- *Sexual abuse* – any completed or attempted sexual acts or sexual contact with a child by a caregiver (e.g., fondling, penetration, exposure to other sexual activities, etc.)
- *Emotional abuse* – behaviors that harm a child’s sense of self-worth or emotional well-being (e.g., name-calling, shaming, rejecting, withholding love)
- *Neglect* – failure to meet a child’s basic physical and emotional needs (e.g., housing, food, clothing, education, access to medical care)

Although children are not responsible for harm inflicted upon them, certain factors can increase their risk of being abused or neglected.

Risk factors for victimization:

- Children under the age of 4
- Children with special needs that may increase the burden of a caregiver (e.g., disabilities, mental health issues, chronic illness, etc.)

Risk factors for perpetration:

- Caregivers with drug or alcohol issues
- Caregivers with mental health issues, including depression
- Caregivers who don't understand children's needs or development
- Caregivers who were abused or neglected as children
- Caregivers who are young or single parents or parents with many children
- Caregivers with low education or income
- Caregivers experiencing high levels of parenting stress or economic stress
- Caregivers who use spanking and other forms of corporal punishment for discipline
- Caregivers in the home who are not a biological parent
- Caregivers with attitudes accepting of or justifying violence or aggression
- Families that have household members in jail or prison
- Families that are isolated from and not connected to other people (extended family, friends, neighbors)
- Families experiencing other types of violence, including relationship violence
- Families with high conflict and negative communication styles
- Communities with high rates of violence and crime
- Communities with high rates of poverty and limited educational and economic opportunities
- Communities with high unemployment rates
- Communities with easy access to drugs and alcohol
- Communities where neighbors don't know or look out for each other
- Communities where there is low community involvement among residents
- Communities with few community activities for young people
- Communities with unstable housing and where residents move frequently
- Communities where families frequently experience food insecurity

Protective factors are characteristics that may decrease the likelihood of experiencing or perpetrating child abuse and neglect. The protective factors reducing the likelihood of child abuse include:

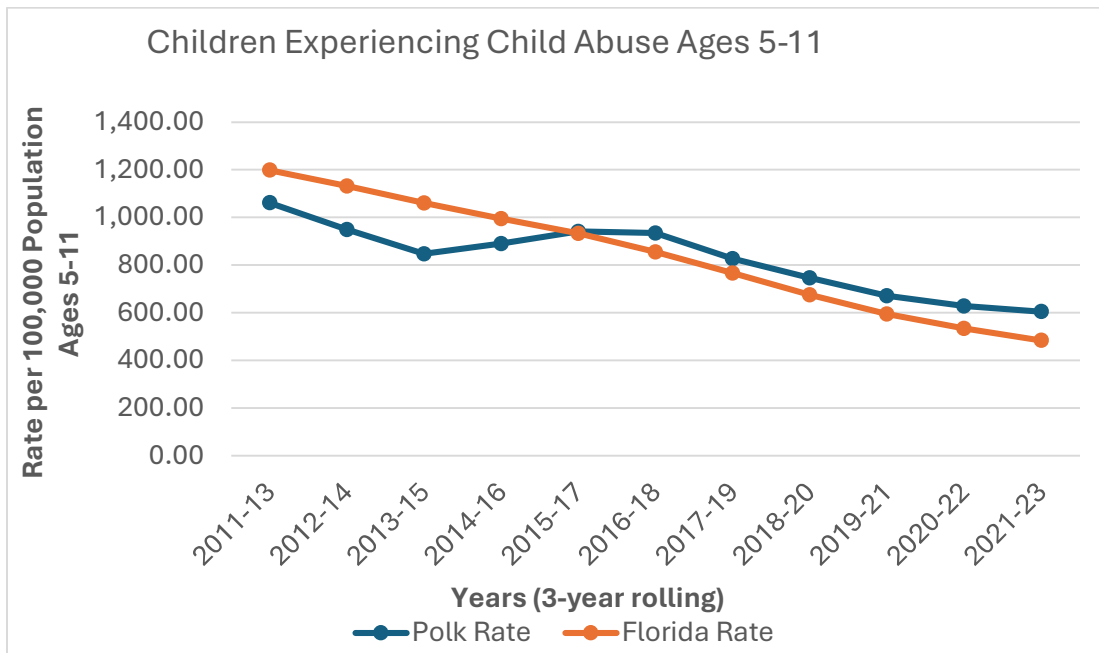
- Caregivers who create safe, positive relationships with children
- Caregivers who practice nurturing parenting skills and provide emotional support
- Caregivers who can meet basic needs of food, shelter, education, and health services
- Caregivers who have a college degree or higher and have steady employment
- Families with strong social support networks and stable, positive relationships with the people around them
- Families where caregivers are present and interested in the child
- Families where caregivers enforce household rules and engage in child monitoring
- Families with caring adults outside the family who can serve as role models or mentors
- Communities with access to safe, stable housing
- Communities where families have access to high-quality preschool
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to safe, engaging after school programs and activities
- Communities where families have access to medical care and mental health services
- Communities where families have access to economic and financial help
- Communities where adults have work opportunities with family-friendly policies

Offering children safe, stable, nurturing relationships and environments prevents child abuse and neglect. Some strategies for preventing child abuse include:

- Setting aside time each day to talk or play with your child.
- Establishing routines. Children feel secure when the environment is structured for them.
- Validating your child's feelings and offer physical and emotional support.
- Knowing who is supervising your child when they're outside your home.
- Teaching your child how to stay safe when they're online or on digital devices.
- Seeking parenting skill training programs to help build stronger relationships with your children.
- Adopt policies in support of families (such as family-friendly work policies).
- Increase access to high-quality childcare and education.
- Create safe places or neighborhood activities where children are supervised, and families can gather.
- Provide access to free or low-cost evidence-based parent training.
- Discourage violence and help ensure the safety of all members of a community

Source: CDC, 2024

Figure 387. Children Ages 5-11 Experiencing Child Abuse Rate Over Time



The rate of children ages 5-11 experiencing child abuse in Polk County (605.1 per 100,000) is higher than the state rate (483.8 per 100,000).

Source: Florida DCF, Florida Safe Families Network

Youth Violence

Youth violence occurs when young people ages 10-24 intentionally use physical force or power to threaten or harm others. Examples of youth violence include fighting, bullying, threats with weapons, and gang-related violence. Youth violence is preventable, but common. Homicide is the 3rd leading cause of death for young people ages 10-24 in the U.S.

Some risk factors for perpetration of youth violence include:


- History of violent victimization
- Attention deficits, hyperactivity, or learning disorders
- Involvement with drugs, alcohol, or tobacco
- Poor behavioral control
- Deficits in social cognitive or information-processing abilities
- High emotional distress
- History of treatment for emotional problems
- Antisocial beliefs and attitudes
- Exposure to violence and conflict in the family
- Authoritarian child rearing attitudes
- Harsh, lax, or inconsistent disciplinary practices
- Low parental education and income
- Parental substance abuse or criminality
- Poor family functioning
- Poor monitoring and supervision of children
- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Poor academic performance
- Low commitment to school and school failure
- Communities with high rates of violence and crime
- Communities with diminished economic opportunities
- Communities with high unemployment rates
- Communities with high concentrations of poor residents
- Communities with unstable housing and where residents move frequently
- Communities with few community activities for young people
- Low levels of community participation
- Socially disorganized neighborhoods

Protective factors against perpetration include:

- High IQ
- High grade point average (as an indicator of high academic achievement)
- High educational aspirations
- Highly developed social skills/competencies
- Religious beliefs
- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, or when going to bed
- Possession of affective relationships with those at school that are strong, close, and pro-socially oriented
- Exposure to school climates with intensive supervision, clear behavior rules, firm disciplinary methods, and engagement of parents and teachers

Source: CDC, 2024

Figure 388. Juvenile Arrests

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Arrests (Ages 10-17)	Per 1,000 population (ages 10-17)	2021-23	7,271	 4	30.9	18.5

Source: DJJ

Abuse of Older Persons

Older person abuse is an intentional act or failure to act by a caregiver or another person in a relationship involving expectation or trust that causes or creates a risk of harm to an older adult (someone age 60 and older). Older person abuse can manifest in the form of physical abuse, sexual abuse, emotional or psychological abuse, neglect, and financial abuse, which is the illegal, unauthorized, or improper use of money, benefits, property, or assets for the benefit of someone other than the older adult.

Any elder could be a victim of abuse. Some risk factors for becoming a perpetrator of elder abuse include:

- Current diagnosis of mental illness
- Current or past abuse of drugs or alcohol
- Current physical health problem
- Past experience of disruptive behavior
- Past experience of traumatic events
- High levels of stress
- Poor or inadequate preparation or training for caregiving responsibilities
- Inadequate coping skills
- Exposure to or witnessing abuse as a child
- Social isolation
- High financial and emotional dependence upon a vulnerable elder
- Past family conflict
- Inability to establish or maintain positive prosocial relationships
- Lack of social support
- Staffing problems and lack of qualified staff
- Staff burnout and stressful working conditions

Some protective factors against victimization of this type of violence include:

- Emotional intelligence
- Having social support
- Sense of community, meaning residents feel connected to each other and are involved in the community.

Source: CDC, 2024

Intimate Partner Violence

Intimate partner violence is abuse or aggression that occurs in a romantic relationship, with either current or former spouses or dating partners. Intimate partner violence can vary in both frequency and severity; ranging from one episode of violence that could have a lasting impact on a victim to chronic and severe episodes over multiple years. Intimate partner violence can occur between heterosexual couples or same-sex couples and does not require sexual intimacy. Intimate partner violence includes four types of behavior: physical violence, sexual violence, stalking, and psychological aggression. Stalking is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern of one’s own safety or the safety of someone close to the victim. Psychological aggression is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

Some of the risk factors for perpetration of intimate partner violence include:

- Low self-esteem
- Low education or income
- Young age
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression and suicide attempts
- Anger and hostility
- Lack of nonviolent social problem-solving skills
- Antisocial personality traits and conduct problems
- Poor behavioral control and impulsiveness
- Traits associated with borderline personality disorder
- History of being physically abusive
- Having few friends and being isolated from other people
- Economic stress (e.g., unemployment)
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Hostility towards women
- Attitudes accepting or justifying violence and aggression
- History of physical or emotional abuse in childhood
- Relationship conflicts including jealousy, possessiveness, tension, divorce, or separations
- Dominance and control of the relationship by one partner over the other
- Families experiencing economic stress
- Unhealthy family relationships and interactions
- Association with antisocial and aggressive peers
- Parents with less than a high school education
- Witnessing violence between parents as a child
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child
- Communities with high rates of poverty and limited educational and economic opportunities
- Communities with high unemployment rates
- Communities with high rates of violence and crime
- Communities where neighbors don't know or look out for each other and there is low community involvement among residents
- Communities with easy access to drugs and alcohol
- Weak community sanctions against intimate partner violence (e.g., unwillingness of neighbors to intervene in situations where they witness violence)
- Traditional gender norms and gender inequality (e.g., the idea women should stay at home, not enter the workforce, and be submissive; men should support the family and make the decisions)
- Cultural norms that support aggression toward others
- Societal income inequality
- Weak health, educational, economic, and social policies or laws


The protective factors identified to lower a person’s risk of committing intimate partner violence include:

- Strong social support networks and stable, positive relationships with others
- Neighborhood collective efficacy, meaning residents feel connected to each other and are involved in the community
- Coordination of resources and services among community agencies
- Communities with access to safe, stable housing
- Communities with access to medical care and mental health services
- Communities with access to economic and financial help

Source: CDC, 2024

Domestic violence is any criminal homicide, manslaughter, rape, fondling, aggravated assault, aggravated stalking, simple assault, threat/intimidation, or simple stalking of one family or household member by another family or household member.

Figure 389. Total Domestic Violence Offenses

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Total Domestic Violence Offenses	Per 100,000	2021-23	7,271		315.6	309.1

Polk County has a higher rate of domestic violence offences (315.6 per 100,000) than the State of Florida (309.1 per 100,000) and is in the 3rd quartile for total domestic violence offenses. Polk County is ranked 8th in the State of Florida for the largest number of total domestic violence offenses (2023).

Source: FDLE

Sexual Violence

Sexual violence is sexual activity when consent is not obtained or not freely given. People of any gender, sexual orientation, and age can experience sexual violence. Anyone can experience or perpetrate sexual violence. The perpetrator of sexual violence is usually someone the survivor knows, such as a friend, current or former intimate partner, coworker, neighbor, or family member. Sexual violence can occur in person, online, or through technology. Sexual violence is common in the United States; over half of women and almost one in three men have experienced sexual violence involving physical contact during their lifetime. Sexual violence also starts early; more than four out of five female rape survivors were first raped before age 25, and nearly half were first raped as a minor under age 18.

Risk factors seen to increase the likelihood of committing a sexually violent act include:

- Alcohol and drug use
- Delinquency
- Lack of concern for others
- Aggressive behaviors and acceptance of violent behaviors
- Early sexual initiation
- Coercive sexual fantasies
- Preference for impersonal sex and sexual risk-taking
- Exposure to sexually explicit media
- Hostility towards women
- Adherence to traditional gender norms
- Hyper-masculinity
- Suicidal behavior
- Prior sexual victimization or perpetration

- Family history of conflict and violence
- Childhood history of physical, sexual, or emotional abuse
- Emotionally unsupportive family environment
- Poor parent-child relationships, particularly with fathers
- Association with sexually aggressive, hyper-masculine, and delinquent peers
- Involvement in a violent or abusive intimate relationship
- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial systems
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators
- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence
- Negative attitudes or beliefs against groups of people due to their race, ethnicity, sexual orientation, gender, disability, social class, or country of origin (e.g., homophobia, transphobia, ableism, racism, xenophobia)
- Negative and usually unfair beliefs (e.g., stigma) against people who exchange sex

Protective factors that may decrease an individual's likelihood to commit these acts include:

- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others
- Families where caregivers work through conflicts peacefully

Source: CDC, 2024

Figure 390. Forcible Sex Offenses and Rape

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Forcible Sex Offenses	Per 100,000	2021-23	198	2	8.6	10.2
Rape	Per 100,000	2021-23	198	2	8.6	10.2

The rate of Forcible Sex Offenses in Polk County (8.6 per 100,000) is lower than the state rate (10.2 per 100,000). The rate of rape in Polk County (8.6 per 100,000) is also lower than the state rate (10.2 per 100,000).

Source: FDLE

Crime

Figure 391. Perceptions of Community Crime – CHA Survey Respondents

Indicator	Survey Count	Survey Percent
<i>Crime is a problem in my community. (n=1936)</i>		
<i>Agree</i>	673	34.76%
<i>Disagree</i>	718	37.09%
<i>Not Sure</i>	545	28.15%

Source: Polk County Community Health Survey, 2024

Figure 392. Polk CHA Survey Respondents: Factors that Make a Healthy Community

Indicator	Survey Count	Survey Percent
<i>*What do you think are the top 3 factors that make a healthy community? (Choose 3) (n=2052)</i>		
<i>Access to good health care/good health information</i>	912	44.44%
<i>Low crime/safe neighborhoods</i>	820	39.96%
<i>Good schools</i>	679	33.09%

According to respondents of the Polk CHA Survey (2024), *low crime/safe neighborhoods* was ranked as the 2nd leading factor that makes a healthy community. In addition, 37.09% of survey respondents do not think that crime is a problem in their community.

Source: Polk County Community Health Survey, 2024

There are serious health effects from exposure to crime and violence in a community. Crime and violence can lead to premature death or cause fatal injuries while survivors of a crime often endure physical pain and suffering and may also experience mental distress or reduced quality of life. Repeated exposure to crimes and violence are linked to an increase in poor health outcomes. For example, people who fear crime in their neighborhoods may engage in less physical activity leading to an increased risk of becoming overweight or obese. Crime rates vary by neighborhood with low-income neighborhoods at a higher risk of being affected by different types of crimes. Exposure to crimes at a young age is a risk factor for becoming a perpetrator of a crime or a different type of violence in the future.

Source: Healthy People 2030

Larceny is unlawful taking, carrying, or riding away with another person’s property. Examples of larceny include pocket-picking, purse-snatching, shoplifting, and stealing from vehicles.

Burglary is unlawful entry into a building or other structure with the intent to commit a felony or theft. For crime reporting purposes, if there is apparent unlawful entry but the offender did not complete the act, it is still reported as a burglary.

Robbery is defined as taking the property of another with the intent to permanently deprive the person of that property by means of force or fear. Robbery differs from larceny in that it uses force or threat of force against the custodian of the property.







Source: FLHealthCHARTS, 2024

Motor vehicle theft is the theft of a motor vehicle including cars, buses, recreational vehicles, trucks, or other motorized vehicle that runs on land and carries people or cargo. Theft of boats, trailers, bicycles, non-motorized scooters and the like is reported as larceny. Joy riding is classified as a motor vehicle theft with the vehicle being reflected as stolen.

Aggravated assault is a crime of violence against another person and includes attempted murder. An assault or threat of an assault with any weapon or item used as a weapon that could cause great bodily injury is classified as an aggravated assault.

Murder is defined as one human killing another. This does not include attempted murder.

Figure 393. Crimes

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Larceny	Per 100,000	2021-23	5,352	 3	232.3	191.2
Burglary	Per 100,000	2021-23	3,004	 4	130.4	94.3
Robbery	Per 100,000	2021-23	532	 3	23.1	27.3
Motor vehicle theft	Per 100,000	2021-23	1,068	 3	46.4	46.9
Aggravated Assault	Per 100,000	2021-23	2,988	 3	129.7	103.4
Murder	Per 100,000	2021-23	225	 3	9.8	10.4

Polk County has lower rates of robbery (23.1 per 100,000) than the state (27.3 per 100,000) and also lower rates of murder (9.8 per 100,000) than the state (10.4 per 100,000). There are also slightly lower rates of motor vehicle theft in Polk County (46.4 per 100,000) than the state (46.9 per 100,000). Polk County has significantly higher rates of larceny (232.3 per 100,000) than the state (191.2 per 100,000). Polk County also has significantly higher rates of burglary (130.4 per 100,000) than the state (94.3 per 100,000) and is in the 4th quartile for this indicator. Polk County also has higher rates of aggravated assault (129.7 per 100,000) than the state (103.4 per 100,000).

Source: FDLE

Human Trafficking

Human trafficking is a crime involving the exploitation of a person for labor, services, or commercial sex. There are two primary forms of human trafficking:

- Sex trafficking – the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age
- Forced labor – the recruitment, harboring, transportation, provision, or obtaining of a person for labor services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Perpetrators often target people experiencing poverty, living in an unsafe situation, or those searching for a better life. Victims include all races, ethnicities, sexual orientations, citizens, non-citizens, and all income levels. Victims are trapped and controlled through assault, threats, false promises, a perceived sense of protection, isolation, shaming, and debt. Victims do not have to be physically transported between locations to be victimized. Victims of human trafficking often experience both immediate and long-term consequences including physical and relationship problems, psychological concerns, and negative chronic health outcomes.

Everyone can help prevent human trafficking by learning the types of trafficking and paying attention to the people around them. Some warning signs that an individual may be experiencing human trafficking are:

- Frequent, unexplained absences from school
- Sudden academic decline
- Running away from home
- Dissociation
- Unexplained bruises or scars
- Tattoos or markings, branding
- Withdrawn behavior, anxiety, or fear
- Anger outbursts, panic attacks, post-traumatic stress disorder
- Knowledge of sexual situations or terms beyond what is normal for the child's age
- Signs of substance use or addiction
- Sudden changes in clothes, friends, or access to money
- Possession of items or services an individual is generally unable to afford
- Hotel keys
- Having two or more cell phones
- Inappropriate, prolonged online activity or sexual activity online
- Use of multiple chat rooms, adult apps, or chat features in gaming devices
- Having a "boyfriend" or "girlfriend" who is noticeably older and/or controlling
- Expressing concern for family members' safety if they share too much information
- Working unusually long hours without the proper wages
- Having a partner who is unwilling to meet their family and friends
- "Owing" a boss work hours for no or minimal wages

If you believe that you are a victim of human trafficking or may have information about a potential human trafficking situation, please contact the Florida Human Trafficking Hotline 1-855-FLA-SAFE (1-855-352-7233). You can also report human trafficking to local law enforcement.

Source: CDC, 2024; Florida DCF; US Department of Justice; FDLE

Injuries

Non-Fatal Injuries

Figure 394. Non-Fatal Injury Emergency Department Visits by Intent

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Assault	Per 100,000	2023	2,202	299.72	280.27
Self-Harm	Per 100,000	2023	590	80.00	58.72
Unintentional	Per 100,000	2023	85,025	10,956.78	8,131.46

Polk County has higher rates of emergency department visits from non-fatal injuries than the state in all three injury categories: assault, self-harm, and unintentional injury. Polk County has significantly higher rates of emergency department visits from unintentional non-fatal injuries (10,956.78 per 100,000) than the state (8,131.46 per 100,000).

Source: Florida AHCA

Figure 395. Non-Fatal Injury Hospitalizations by Intent

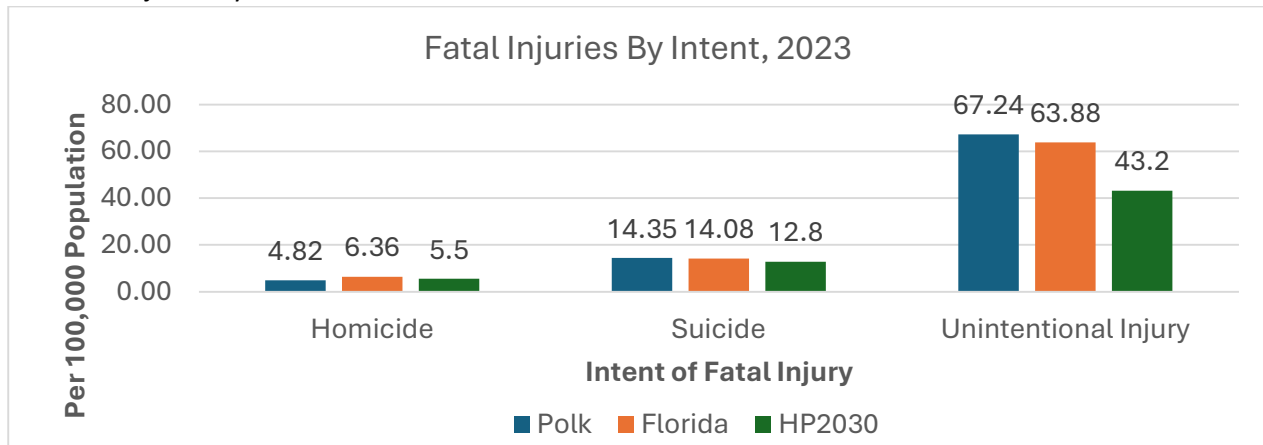
Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Assault	Per 100,000	2023	98	13.18	17.55
Self-Harm	Per 100,000	2023	320	41.37	33.37
Unintentional	Per 100,000	2023	4,663	589.0	613.9

Polk County has higher rates of hospitalizations for self-harm injuries (41.37 per 100,000) than the state (33.37 per 100,000).

Source: Florida AHCA

Fatal Injuries

Figure 396. Fatal Injuries by Intent



Of the three causes of injury-related deaths (suicide, homicide, and unintentional injury), unintentional injuries are the most common type of injury-related death suffered by Polk County residents.

Source: FDOH Bureau of Vital Statistics

Homicide

Figure 397. Deaths from Homicide

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Homicide	Per 100,000	2021-23	120	2	5.7	6.9
Infant Homicide Deaths	Per 100,000	2021-23	3	-	5.8	3.4
Child Homicide Deaths (ages 1-5)	Per 100,000	2021-23	5	-	3.8	2.0
Child Homicide Deaths (Ages 5-11)	Per 100,000	2021-23	1	-	0.5	0.6
Teen Homicide Deaths (12-18)	Per 100,000	2021-23	15	-	7.3	6.8
Young Adult Homicide Deaths (Ages 19-21)	Per 100,000	2021-23	13	-	15.4	16.6
Homicide by Firearms Discharge	Per 100,000	2021-23	97	3	4.7	5.6
Homicide by Drug Poisoning	Per 100,000	2021-23	0	-	0.0	0.0
Homicide by Other and Unspecified Means	Per 100,000	2021-23	23	1	1.0	1.4

The rates of homicide deaths among the 12-18 and 19-21 age groups have been slightly increasing since the 2020 Community Health Assessment. The rates of homicide deaths among children ages 12-18 increased from a rate of 3.4 per 100,000 (2016-2018) to a rate of 7.3 per 100,000 (2021-2023). The rates of homicide death among young adults ages 19-21 have increased from 8.2 per 100,000 (2016-2018) to 15.4 per 100,000 (2021-2023). Rates of homicide deaths for all age groups are currently lower than state rates.

Source: FDOH Bureau of Vital Statistics

Figure 398. Number of Homicide Deaths by Age, Race, and Ethnicity

By Age Group															
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Homicide	2023	0	2	0	1	6	8	12	3	1	2	0	1	0	36
By Race and Ethnicity															
Mechanism	Year	White				Black			Hispanic			Non-Hispanic			
Homicide	2023	15				21			8			28			

In 2023, Polk County residents aged 25-34 years were more likely to become victims of homicide than any other age group. The most common method of homicide is using a firearm. The chart above highlights the least favorable difference in Polk County’s homicide deaths.

Source: FDOH Bureau of Vital Statistics

Suicide

Figure 399. Deaths from Suicide

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2030 Goal
			Count	Quartile	Rate		
Suicide	Per 100,000	2021-23	342	1	13.8	14.0	12.8
Suicide deaths (ages 12-18)	Per 100,000	2021-23	7	-	3.4	5.5	-
Suicide deaths (ages 19-21)	Per 100,000	2021-23	7	-	8.3	12.9	-
Suicide deaths by firearms discharge	Per 100,000	2020-22	158	1	6.7	7.5	-
Suicide deaths by drug poisoning	Per 100,000	2020-22	46	3	1.9	1.4	-
Suicide deaths by other and unspecified means	Per 100,000	2020-22	155	2	6.6	6.2	-

The three most common methods of suicide in Polk County are those using firearms, suffocation, and poisoning:

- Suicide by firearm is the most common method of suicide in Polk County. Residents aged 35-64 are more likely to commit suicide by firearm than other age groups.
- Suicide by suffocation (e.g., hanging, etc.) is the second most common method of suicide in Polk County. Residents aged 25-44 are more likely to commit suicide by suffocation than other age groups.
- Suicide by poisoning is the third most common method of suicide in Polk County. Residents aged 55-64 are more likely to commit suicide by poisoning than other age groups.

Source: FDOH Bureau of Vital Statistics

Figure 400. Number of Suicide Deaths by Age, Race, and Ethnicity

By Age Group															
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Suicide	2023	0	0	0	0	2	10	15	22	14	25	14	16	5	123
By Race and Ethnicity															
Mechanism	Year	White			Black			Hispanic			Non-Hispanic				
Suicide	2023	114			6			16			107				

Suicide is the second most common cause of fatal injury in Polk County. Adults over the age of 25, specifically between the ages of 25-84, were the most likely to become victims of suicide in 2023. The chart above highlights the least favorable difference in Polk County’s suicide deaths.

Source: FDOH Bureau of Vital Statistics

For more information on suicide prevention, please refer to the *Behavioral Health* section beginning on page 65.

Access to Firearms and Firearm Safety

Most homicide and suicide deaths in Polk County involve a firearm. One way to prevent these deaths may be to restrict access to firearms within the home.

A firearm injury is a wound or penetrating injury from a weapon that uses a powder charge to fire a projectile, such as handguns, rifles, and shotguns. There are many types of firearm injuries, which can be fatal or nonfatal. Firearm injuries and suicides are preventable. Children as young as 3 years old may be strong enough to pull the trigger of a handgun in an accidental discharge. Nationally, most children living in a house with a gun know where the gun is located, even if their parents think they don't know. It is important to be as safe as possible when owning and operating a firearm. Here are a few tips to reduce the risk of a firearm injury:

- Keep guns out of reach and out of sight of children
- Store guns securely in a locked gun safe instead of on a nightstand, table, or drawer
- Store guns unloaded and secured with a child-resistant gun lock when they are not in use
- When a gun is not being stored, always keep it in the owner's immediate possession and control
- Talk to grandparents, the parents of a child's friends, and other adults who may own a gun about how to safely store and secure them around children
- If you are wanting to dispose of a gun, consult with local law enforcement on how to do so safely

Source: CDC, 2024; Safe Kids Worldwide, 2024

Unintentional Fatal Injuries

Injuries are the 3rd leading cause of death in the United States. Injuries can affect everyone, regardless of age, race, or economic status. In addition to an injury's immediate health impact, the effects of injuries extend well beyond the injured person to influence the injured person's family, friends, coworkers, employers, and communities. Most injuries, however, can be prevented.

Unintentional injuries are the 4th leading cause of death of Polk County residents (2023). The most common unintentional fatal injuries among Polk County residents include unintentional poisonings, motor vehicle traffic crashes, falls, suffocations and drownings.

Sources: CDC, 2024; FDOH Bureau of Vital Statistics; HP2030

Figure 401. Most Common Causes of Death from Unintentional Injuries in Polk County

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Poisoning	Per 100,000	2021-23	646	29.49	33.24
MV Traffic Crashes*	Per 100,000	2021-23	481	20.5	15.9
Falls	Per 100,000	2021-23	295	8.82	11.94
Suffocation	Per 100,000	2021-23	67	2.97	1.82
Drowning	Per 100,000	2021-23	41	1.81	2.14

*Includes any death involving a motor vehicle. This includes deaths among pedestrians, pedal cyclists, and any occupants of motor vehicles (including motorcycles and three-wheeled vehicles).

Source: FDOH Bureau of Vital Statistics

Unintentional Fatal Poisonings

Unintentional poisoning deaths are the leading cause of death from unintentional injury in Polk County and include deaths from unintentional drug overdose.

Drug overdoses are one of the leading causes of injury death in adults and have risen over the past several decades in the U.S. In 2022, nearly 108,000 people died from drug overdoses, and 76% of these deaths involved an opioid.

Source: CDC, 2024; FDOH Bureau of Vital Statistics

Figure 402. Deaths from Unintentional Poisoning

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Poisoning	Per 100,000	2021-23	646	29.49	33.24

Source: FDOH Bureau of Vital Statistics

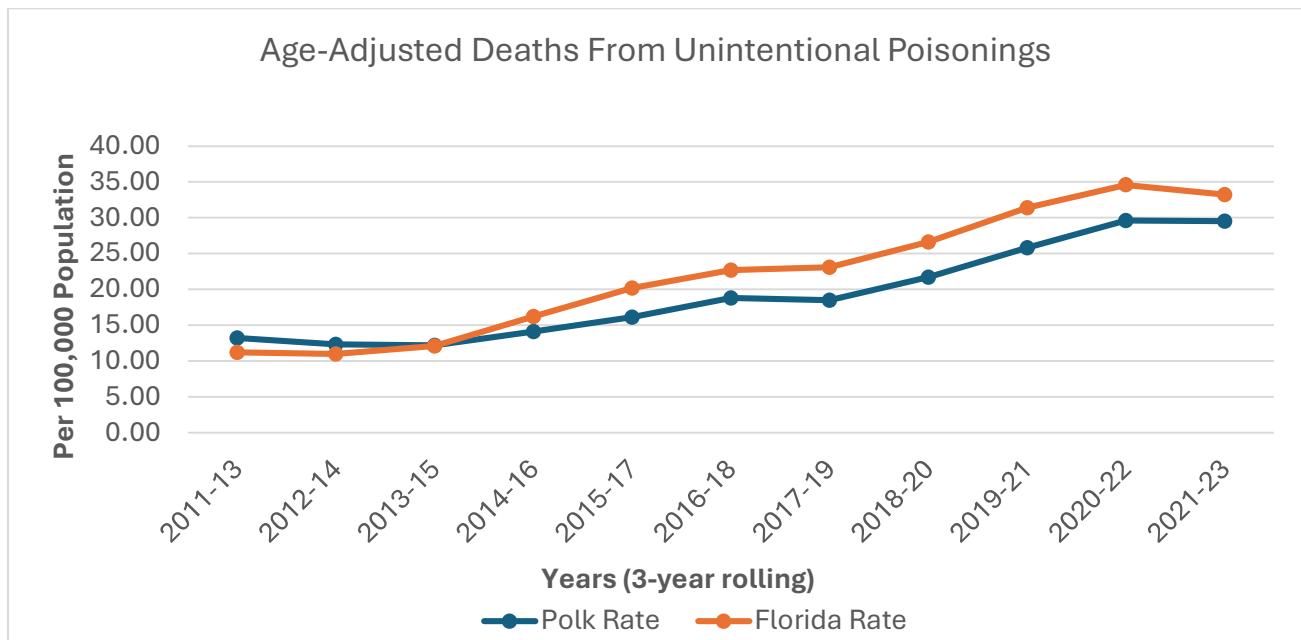
Figure 403. Number of Deaths from Unintentional Poisoning by Age, Race, and Ethnicity

By Age Group															
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Poisoning	2023	0	0	0	0	4	9	38	51	49	37	20	1	0	209
By Race and Ethnicity															
Mechanism	Year	White				Black			Hispanic			Non-Hispanic			
Poisoning	2023	168				33			40			166			

In 2023, Polk County residents ages 25-74 are at the greatest risk of experiencing an unintentional poisoning. The non-Hispanic and White populations are also at a greater risk of poisoning than other populations in Polk County. The chart above highlights the least favorable difference in Polk County’s unintentional poisoning deaths.

Source: FDOH Bureau of Vital Statistics

Figure 404. Unintentional Drug Poisoning Deaths Over Time



Although the death rate from unintentional poisonings in Polk County is lower than the state rate, these deaths have continued to increase over time in Polk County.

Source: FDOH Bureau of Vital Statistics

Medication Safety

As adults age, they often take more medicine, which increases their risk of an adverse drug event. An adverse drug event is when medication causes harm to someone. Finding and eating or drinking medicines without adult supervision is the main cause of emergency department visits for adverse drug events among children ages 5 years and younger. Most adverse drug events are related to anticoagulants (blood thinners), diabetes agents (insulin), or antibiotics.

Source: CDC, 2024

Medicines are the leading cause of child poisoning in the United States. It is important to take specific safety precautions to keep medications away from children. Some safety tips for medication safety include:

- Keep medicine out of sight and reach of children, even if this is daily medication. Consider places where children get into medicine, i.e. a purse or bag, and place these out of reach.
- Remember products not normally considered as medicine, i.e. vitamins, diaper rash creams, and eye drops, which can be harmful if children get into them.
- Keep medicine in a medicine cabinet or locked medication box.
- Give medication to children safely by strictly following the dosing guide that comes with the medication.
- Choose child-resistant packaging whenever possible.
- Dispose of medication safely.
- Teach older children how to take medicine responsibly.
- Save the Poison Help number in your phone and post it visibly at home: 1-800-222-1222.

Source: Safe Kids Worldwide, 2024

Naloxone (Narcan)

Naloxone (Narcan, Evzio) is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications when given in time. Naloxone is easy to use and small to carry. It quickly reverses an overdose by blocking the effects of opioids on the brain. It can restore normal breathing within 2 to 3 minutes in a person whose breath has slowed or even stopped because of an overdose. Naloxone won't harm someone if they're overdosing on drugs other than opioids. Naloxone is available at all County Health Departments in Florida, including FDOH-Polk, to anyone over the age of 18. Select Peace River Center sites located throughout Polk also offer free Naloxone (Narcan) kits – no names or personal information asked.

Source: CDC, 2024; Peace River Center, 2024

Fatal Motor Vehicle Traffic Crashes

Motor vehicle crashes, injuries, and deaths have continued to rise in Polk County and are the second most common cause of unintentional injury death among residents. Fatal motor vehicle traffic crashes include any death involving a motor vehicle. This includes deaths among pedestrians, pedal cyclists, and any occupants of motor vehicles (including motorcycles and three-wheeled vehicles).

Figure 405. Deaths from Motor Vehicle Traffic Crashes

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
MV Traffic Crashes	Per 100,000	2021-23	481	20.5	15.9

Source: FDOH Bureau of Vital Statistics

In 2024, the report titled *Dangerous by Design*, released by Smart Growth America, named the Lakeland-Winter Haven area the 21st most dangerous place for pedestrians in the entire United States. This report analyzes pedestrian fatality statistics and ranks the largest 101 metro areas in the United States. Although Lakeland-Winter Haven area's ranking is an improvement when compared to prior years, Polk County's fast rate of growth still lands the area in the rankings of the most deadly.

Source: Smart Growth America, *Dangerous by Design* 2024

The Polk Transportation Planning Organization (TPO) conducts surveillance of Polk County's transportation system and produces an annual report of findings. The most recent report, *State of the Transportation System Report 2024*, found that traffic on Polk County's major roadways has increased by 12.7%. On average 2 people die in Polk County due to a traffic crash every week while another 7 people suffer serious injuries. When looking closer at trends within motor vehicle crashes, it is noted that pedestrian crashes only account for 2% of all crashes, while they account for 19% of motor vehicle crash fatalities. This means that although traffic crashes with pedestrians or bicyclists are not the most common type of motor vehicle crash, they have a high likelihood of resulting in a fatality.

Source: Polk TPO, *State of the Transportation System Report 2024*

Figure 406. Deaths from Motor Vehicle Traffic Crashes by Decedent

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
MV Traffic – Pedestrian	Per 100,000	2021-23	82	3.19	3.18
MV Traffic – Motorcyclist	Per 100,000	2021-23	78	3.59	3.10
MV Traffic – Occupant	Per 100,000	2021-23	223	9.30	6.67
MV Traffic – Pedalcyclist	Per 100,000	2021-23	25	1.04	0.76
MV Traffic – Other, Unspecified	Per 100,000	2021-23	55	2.28	1.81

Source: FDOH Bureau of Vital Statistics

Figure 407. Number of Deaths from Motor Vehicle Traffic Crashes by Decedent, Age, Race and Ethnicity

By Age Group															
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
MV Traffic – Occupant	2023	2	1	4	2	10	7	20	14	4	13	7	2	3	89
MV Traffic – Pedestrian	2023	0	0	0	1	2	0	7	7	1	4	3	0	0	25
MV Traffic – Motorcyclist	2023	0	0	0	0	0	3	9	7	3	4	2	0	0	28
MV Traffic – Other, Unspecified	2023	0	0	1	1	1	4	3	3	3	2	2	4	1	25
MV Traffic – Pedalcyclist	2023	0	0	1	0	2	0	0	3	2	2	1	0	1	12
Total	2023	2	1	6	4	15	14	39	34	13	25	15	6	5	179
By Race and Ethnicity															
Mechanism	Year	White				Black				Hispanic				Non-Hispanic	
Motor Vehicle Crashes [all]	2023	149				34				50				140	

Polk County has higher rates of motor vehicle crash deaths than the state for all decedent classifications. Polk County residents between the ages of 25-44 are most likely to be a victim of a fatal motor vehicle crash. The chart above highlights the least favorable difference in Polk County’s unintentional motor vehicle crash deaths.

Source: FDOH Bureau of Vital Statistics

Motor Vehicle Safety

Infants and Toddlers – Car Seat Safety:

- The best way to keep your child safe in the car is to use the right car seat in the right way. Correctly used car seats can reduce the risk of death by as much as 71%.
- Buy the correct car seat for the child. Infants should ride in a rear-facing car seat for as long as possible, until they reach the maximum height and weight recommended for their seat. The American Academy of Pediatrics recommends a rear-facing seat until a child is at least 2 years old.
- Install the car seat correctly in the car using either the seat belt or lower anchors to secure the car seat
- Ensure that the restraint harness is properly fitted across the infants’ chest, not lower
- Be aware of the weight, height, and age limits of a car seat and change the car seat at the recommended times
- To learn more about car seat safety, enroll in the Safe Kids Car Seat Installation Course on the 2nd Monday of every month at 10:00 am at Johns Hopkins All Children’s Hospital Outpatient Center in Lakeland. Car seats are available for purchase by participants of the class for \$20.

Driving:

- Always wear a seatbelt
- Resist distractions like changing the radio station, checking makeup, or eating/drinking
- Do not become distracted by a cell phone. Place a cell phone safely in the back seat of the vehicle so that the temptation to use the device is removed.
- Be aware of speed limits and other driving regulations in the area

Seatbelts:

- Wearing a seat belt is the most effective way to prevent injury or death in car crashes for adults and older children.
- Do not be in a hurry to change a child out of a car seat or booster – most adult seatbelts will not properly fit a child until they are age 8-12
- Always wear a seatbelt and ensure others riding in a vehicle wear their seatbelts, no matter how short the trip

Sources: AAP, 2024; CDC, 2024; Safe Kids Worldwide, 2024

Pedestrian & Bicycle Safety

Figure 408. Polk CHA Survey Respondents: Safety while Walking or Riding a Bike

Indicator	Survey Count	Survey Percent
<i>Was there a time in the past 12 months where you felt unsafe walking or riding a bike in your community?</i> (n=1969)		
Yes	463	23.51%
No	1173	59.57%
<i>I don't walk or ride a bike</i>	333	16.91%

<i>What were the reason(s) you felt unsafe? (Choose all that apply) (n=452)</i>		
<i>Unsafe drivers (speeding, not paying attention)</i>	277	-
<i>Crime, violence, or theft</i>	215	-
<i>No sidewalks or poor condition of sidewalks</i>	174	-
<i>No lighting or low visibility</i>	167	-
<i>No bike lanes</i>	109	-
<i>No crosswalks</i>	78	-
<i>Wildlife/animals</i>	57	-
<i>Other reason (please specify): (open response)</i>	48	-

Of survey respondents who walk and/or ride a bike in their community, 28.3% (463 out of 1,636) feel unsafe doing so. The top 3 reasons why they feel unsafe are due to *unsafe drivers* (277 respondents); *crime, violence, or theft* (215 respondents); and *no sidewalks or poor conditions of sidewalks* (174 respondents). *Other* responses included: police, personal disability, feeling vulnerable due to age/sex/race, drug use, people on substances, homeless people loitering, mentally ill people loitering, not feeling safe walking with kids, unusual people/activity, sex offenders in the area, golf carts speeding on the sidewalks, sexual harassment, trafficking, and not knowing their neighbors.

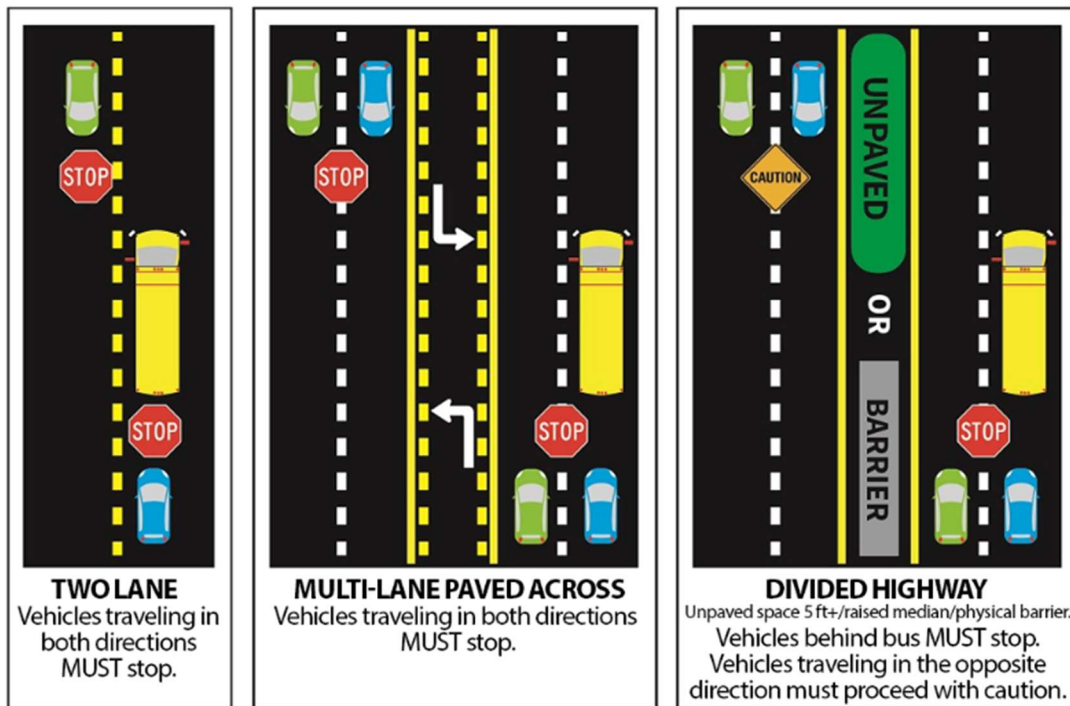
Source: Polk County Community Health Survey, 2024

Figure 409. School Bus Stop Arm Violations

Week Starting	Events	No Violation Upon Review	Citations
9/30/2024	11,820	11,024	796
10/7/2024	2,439	2,280	159
10/14/2024	5,250	4,956	294
10/21/2024	11,860	10,966	894
10/28/2024	11,472	10,725	747
11/4/2024	11,376	10,895	481
11/11/2024	9,162	8,832	330
11/18/2024	10,952	10,576	376
11/25/2024	3	3	0
12/2/2024	11,783	11,343	440
12/9/2024	12,542	12,189	353
12/16/2024	9,234	9,234	0
Total	107,893	102,783	5,110

Over 45,000 Polk County students ride the school bus every day to get to and from school safely. According to the National Association of State Directors of Pupil Transportation Services, more than 11,000 Florida school buses were illegally passed in just one day last year. To address this serious risk to the safety of Polk County’s children, Polk County Public Schools partnered with Polk County Sheriff’s Office and Verra Mobility to administer a school bus stop arm safety program. All 511 school buses in Polk County were equipped with safety camera technology that automatically detects vehicles that pass a stopped bus when the stop arm is deployed. When a violation occurs, the cameras record video and capture images of the violation to be reviewed by law enforcement. Law enforcement then issues a citation to those vehicles who have committed this illegal behavior. From September 30 – December 20, 2024, 5,110 citations had been issued to Polk County drivers.

As a reminder of when a driver must stop for a school bus, please see the below infographic:



Source: Polk County Public Schools

Some safety tips for bicyclists and pedestrians to decrease their risk of being hit by a motor vehicle include:

- Wear a properly fitted helmet to reduce head injury
- Ride on the sidewalk whenever possible, making sure to yield to pedestrians
- Ride with the flow of traffic
- Use hand signals and follow the rules of the road, including stopping at intersections, stop signs, and stop lights
- Wear bright colors and use reflective lights, especially when walking or riding at night or near dusk
- Ride or walk with a partner
- Do not use phones or headphones when walking or riding, especially near roadways.

Sources: CDC, 2024; Florida Department of Highway Safety and Motor Vehicles (DHSMV); Safe Kids Worldwide, 2024

Unintentional Fatal Falls

The third most common cause of unintentional fatal injuries in Polk County is falls.

Figure 410. Deaths from Unintentional Falls

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Unintentional Falls	Per 100,000	2021-23	295	8.82	11.94

Source: FDOH Bureau of Vital Statistics

Figure 411. Number of Deaths from Unintentional Falls by Age, Race and Ethnicity

By Age Group															
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Falls	2023	0	0	0	0	0	0	0	0	0	6	14	40	38	98

By Race and Ethnicity					
Mechanism	Year	White	Black	Hispanic	Non-Hispanic
Falls	2023	91	5	7	91

The populations that are at the highest risk of death from an unintentional fall are those ages 75 and older and those within the non-Hispanic and White populations. The chart above highlights the least favorable difference in Polk County’s unintentional falls deaths.

Source: FDOH Bureau of Vital Statistics

Falls are a threat to the health of older adults and can reduce their ability to remain independent. Falls are the leading cause of injury for adults ages 65 years and older in the U.S. One out of every four older adults in the U.S. falls each year, and about 37% of those who fall reported an injury that required medical treatment or restricted their activity for at least one day.

Falls Prevention

Falls can be prevented. There are steps individuals can take to decrease their own or a loved one’s chance of experiencing a fall:

- Ask your doctor to evaluate your risk for falling and talk with them about prevention – this includes a review of any medications that might make you dizzy or sleepy
- Ask your doctor about taking vitamin D supplements
- Get screened for osteoporosis
- Do strength exercises that improve balance and make the legs stronger, like Tai Chi
- Have regular vision screenings
- Get rid of items within a home that can be tripped over, such as rugs or chords
- Add grab bars inside the tub and next to the toilet
- Put railings on the sides of stairs and consider replacing stairs with a ramp
- Make sure there is a lot of light in the home so that obstacles are easier to see

Source: CDC, 2024

Unintentional Fatal Suffocation

Figure 412. Deaths from Unintentional Suffocation

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Suffocation	Per 100,000	2021-23	67	2.97	1.82

Source: FDOH Bureau of Vital Statistics

Figure 413. Number of Deaths from Unintentional Suffocation by Age

		By Age Group													
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Suffocation	2023	7	1	0	0	0	0	0	1	0	0	3	2	0	14

The majority of unintentional suffocation deaths occur to Polk County residents under the age of 1. These are typically sleep-related deaths. The chart above highlights the least favorable difference in Polk County’s unintentional suffocation deaths.

For tips on how to prevent sleep-related death, please refer to the Sleep-Related Death section within the *Maternal and Infant Health* Indicator on page 187.

Source: FDOH Bureau of Vital Statistics

Unintentional Fatal Drowning

With the abundance of water surrounding Florida, it comes as no surprise that the State of Florida ranks 4th in the nation for the most drownings. Polk County is ranked 10th for the most fatal drowning incidence in the state.

Figure 414. Deaths from Unintentional Drowning

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Drowning	Per 100,000	2021-23	41	1.81	2.14

Figure 415. Number of Deaths from Unintentional Drowning by Age, Race and Ethnicity

		By Age Group													
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Drowning, Submersion	2023	0	5	1	0	1	1	3	1	2	0	3	1	0	18
		By Race and Ethnicity													
Mechanism	Year	White			Black			Hispanic			Non-Hispanic				
Drowning, Submersion	2023	13			3			5			13				

Polk County residents ages 1-4 are most likely to experience a fatal drowning, including those within the non-Hispanic and White populations. The chart above highlights the least favorable difference in Polk County’s unintentional drowning deaths.

Source: FDOH Bureau of Vital Statistics

Drowning Prevention

Drowning is the leading cause of death for children 1 to 4 years old. Most drownings in Polk occur in a pool, but there are also plenty of lakes and retention ponds that present a hazard. Drowning is often silent and can occur in as little as one inch of water and within just a few seconds. Strategies to prevent drowning include:

- Learn how to swim with a certified instructor – make sure all children under 5 participate in swim lessons. Swim lessons often begin as early as 6 months old

- Enroll children in refresher courses annually until they are a proficient swimmer
- Install pool barriers, like pool fencing, self-latching gates, door alarms, etc., to make sure that children cannot wander into the pool area unsupervised
- Actively supervise children whenever they are in or around water. Choose a “Water Watcher,” by identifying which adult is responsible for watching children in and near the water during a certain period of time.
- If a child is not a proficient swimmer or someone is swimming in a natural body of water (e.g., a lake), wear a US Coast Guard approved life jacket
- Learn CPR. When in or around water, it is important that parents, caregivers, and even older children know how to perform CPR successfully
- Make sure that buckets of water are emptied, and all kiddie pools and bathtubs are drained of water after each use.

Sources: FDOH Bureau of Vital Statistics; CDC, 2024; Safe Kids Worldwide, 2024

Oral Health

Oral health refers to health of the teeth, gums, and entire oral-facial system. Oral health affects one's ability to speak, smile, eat and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases, which range from cavities to gum disease to oral cancer, cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars and millions of missed school and work hours each year. Poor oral health can also contribute to other health issues; for example, poor gum health can worsen blood sugar levels in people living with diabetes. It is also linked with risky behaviors like using tobacco and eating and drinking foods and beverages high in sugar.

Public health strategies such as school sealant programs have been proven to save money and prevent cavities.

Children's Oral Health

Cavities, also known as caries or tooth decay, are the most common chronic disease of childhood in the U.S. Fortunately, cavities are preventable. Fluoride varnish can prevent about one-third of cavities in the primary (baby) teeth. Children who brush daily with fluoride toothpaste will have fewer cavities. Dental sealants can also prevent cavities for many years. Applying dental sealants to the chewing surfaces of the back teeth prevent 80% of cavities.

- More than half of children ages 6-8 years have had a cavity in at least one of their baby (primary) teeth
- More than half of adolescents ages 12-19 years have had a cavity in at least one of their permanent teeth

Oral health care for babies includes:

- Wiping gums twice a day with a soft, clean cloth in the morning after the first feeding and right before bed. This wipes away bacteria and sugars that can cause cavities.
- When teeth come in, start brushing twice a day with a soft, small-bristled toothbrush and plain water
- Visit the dentist by your baby's first birthday to spot signs of problems early
- Talk to your dentist or doctor about putting fluoride varnish on your child's teeth as soon as the first tooth appears

Oral health care for children includes:

- Brushing teeth twice a day with fluoride toothpaste – help your child brush their teeth until they have good brushing skills
- Ask your child's dentist to apply dental sealants when appropriate

Adult Oral Health

Adults can develop oral health problems throughout their lifetime. Oral health problems can include cavities, gum disease, tooth loss, and oral cancer. More than 40% of adults report having felt pain in their mouth within the last year, and more than 80% of people will have had at least one cavity by age 34. Oral health problems increase with age because of problems with saliva production, receding gums, and difficulties flossing and brushing due to poor vision, cognitive problems, chronic disease, and physical limitations.

During pregnancy, women may be more likely to have cavities and gum disease. Because gum disease and cavities can affect an unborn baby's health, it is recommended that pregnant women visit their dentist at least once before they deliver. People with chronic disease, such as arthritis, diabetes, or heart disease may have an increased risk of having missing teeth and poor oral health.

The following are recommendations for adult oral health:

- Avoid food and drinks with added sugar as much as possible.
- Brush your teeth with fluoride toothpaste.
- Brush your teeth twice a day and floss between your teeth to remove dental plaque.
- Don't use tobacco products. If you smoke, quit. The more you smoke or come into contact with smoke, the higher your risk of developing cancer.
- Drink less alcohol. The more alcohol you drink, the higher your risk of head and neck cancer.
- Get vaccinated. Human papillomavirus (HPV) can infect the mouth and throat and cause cancer. The HPV vaccine can prevent cancer.
- Manage diabetes, if you have it.
- Prevent dry mouth. Drink plenty of water, chew sugarless gum, don't smoke or use tobacco products, and don't drink alcohol.
- Talk to your doctor or dentist about any sudden changes in taste and smell.
- Visit your dentist at least once a year, even if you wear dentures and have lost some or all of your teeth.

Source: CDC, 2024

Figure 416. Dental Care – Polk CHA Survey Respondents

Indicator	Survey Count	Survey Percent
<i>Was there a time in the past 12 months when you needed dental care but did not get the care you needed? (n=1905)</i>		
Yes	520	27.30%
No	1385	72.70%
<i>What are some of the reasons that kept you from getting dental care? (Choose all that apply) (n=528)</i>		
<i>Unable to afford to pay for care</i>	266	
<i>Do not have insurance to cover dental care</i>	215	
<i>Unable to schedule an appointment when needed</i>	142	
<i>Unable to find a dentist who takes my insurance</i>	135	
<i>Dentist's office does not have convenient hours</i>	57	
<i>Cannot take time off work</i>	48	
<i>Transportation challenges</i>	39	
<i>Not sure how to find a dentist</i>	27	
<i>Mistrust of doctors or health system</i>	24	
<i>*Other (please specify): open response</i>	24	
<i>No childcare available</i>	22	
<i>Unable to find a dentist who knows or understands my language, culture, identity, or beliefs</i>	9	
<i>Someone wouldn't let me</i>	5	
<i>Immigration status</i>	4	

Over 27% of survey respondents reported there was a time in the past 12 months when they needed dental care but did not get the care they needed. The most common reasons for not getting needed dental care were not being able to pay for care and not having dental insurance.

*Other responses included: personal illness, not having a cell phone, pregnancy, and insufficient insurance coverage for the needed services.

Source: Polk County Community Health Survey, 2024

Figure 417. Oral Health

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Adults 18+ who had a dental visit in the past year ¹	Percent	2022	-	-	52.5%	61.2%
Oral cancer incidence ²	Per 100,000	2019-21	454	3	15.8	14.1
Deaths from oral cancer ³	Per 100,000	2021-23	98	2	3.0	2.8
Emergency department visits from dental conditions ages 5 and over ⁴	Per 100,000	2021-23	18,126	3	833.6	500.7
Ambulatory care sensitive emergency department visits from dental conditions* (0-64 years) ⁴	Per 100,000	2021-23	18,160	3	985.2	593.7
Ambulatory care sensitive hospitalizations from dental conditions** (0-64 years) ⁴	Per 100,000	2021-23	172	2	9.3	9.5
Total licensed Florida dental hygienists ⁵	Per 100,000	2023	285	4	36.0	66.0
Total licensed Florida dentists (DMD, DDS) ⁵	Per 100,000	2023	214	3	27.0	61.5

*Florida resident ED visits due to dental conditions that were potentially avoidable

**Florida resident inpatient hospitalizations due to dental conditions that were potentially avoidable

Fewer adults in Polk County had a dental visit in the past year than adults statewide. Rates of oral cancer incidence and death are higher in Polk County than across the State of Florida. Polk County also has higher rates of emergency department visits from dental conditions than the State. Rates of hospitalizations from dental conditions are similar in Polk County and across the State. Polk has a lower rate of dental providers, including hygienists and dentist, than statewide.

Sources: ¹CDC PLACES, ²Florida Cancer Data System, ³FDOH Bureau of Vital Statistics, ⁴Florida AHCA, ⁵FDOH Division of Medical Quality Assurance

Environmental Health

Healthier environments could prevent almost one quarter of the global burden of disease. Clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and a preserved nature are all prerequisites for good health. With the environment playing a key role in overall health, *Environmental Health* is included as a separate section within this report, however, was not included as a health topic for prioritization during the current CHA cycle.

Source: World Health Organizations (WHO), 2024

Environmental Public Health Inspections

Per Florida Statute 381.006, the Florida Department of Health is responsible for the inspection of the following facilities:

Figure 418. Unsatisfactory Environmental Public Health Inspections

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Biomedical Waste Facilities	Percent	2021-23	-	20.8%	13.3%
Body Piercing Facilities	Percent	2021-23	-	19.4%	17.3%
Group Care Facilities	Percent	2021-23	-	7.3%	9.0%
Institutional Food Service Operations	Percent	2021-23	3	6.0%	8.0%
Migrant Labor Camps	Percent	2021-23	-	8.7%	9.4%
Mobile Home and RV Parks	Percent	2021-23	1	12.3%	21.5%
Swimming Pool and Spa Facilities	Percent	2021-23	1	7.0%	21.7%
Tanning Facilities	Percent	2021-23	-	22.2%	18.4%

Compared to the State of Florida, Polk County has higher rates of unsatisfactory inspections among biomedical waste facilities (20.8%), body piercing facilities (19.7%), and tanning facilities (22.2%).

Source: FDOH Environmental Public Health

Outdoor Air Quality

Since the 1950’s, air quality has been a major public health and environmental issue in the U.S. Air pollution has been linked to several health problems including asthma, heart disease, and breathing problems.

Busy Roadways

Traffic-related air pollution is a main contributor to unhealthy ambient air quality, particularly in urban areas with high traffic volume. A busy roadway is one that has more than 25,000 cars per day. Areas around these roadways are at risk for exposure to poor air quality.

Source: [Florida Environmental Public Health Tracking System](#), 2024

About **63%** of the 2024 Polk CHA Survey respondents **agreed** with the statement, **“The quality of air is good in my community”**, while about 16% disagreed and 21% were not sure.

Figure 419. Outdoor Air Quality – Busy Roadways

Indicator	Measure	Year	Polk	Florida
Population living within 500 feet of a busy roadway	Percent	2022	5.91%	12.28%
Schools and day care facilities within 500 feet of a busy roadway	Percent	2022	12.77%	20.31%

Polk County has lower rates of the population living within 500 feet of a busy roadway (5.91%) and schools and day care facilities within 500 feet of a busy roadway (12.77%), compared to the State of Florida (12.28% and 20.31%, respectively). For reference purposes, 500 feet is equivalent to the length of a large cruise ship or about 1.66 American football fields.

Source: US Census Bureau

Indoor Air Quality

People spend a significant amount of their lives indoors. As a result, the air we breathe while inside may be exposing us to potentially hazardous substances, such as mold, radon, carbon monoxide, and secondhand smoke or vape.

Mold

In Florida, mold is a common concern, especially during hurricane season (June 1-November 30). When mold spores drop on places with excessive moisture, such as where leakage may have occurred in roofs, pipes, walls, plant pots, or where there has been flooding, they will grow. Mold grows on paper, cardboard, ceiling tiles, and wood. Mold can also grow in dust, paints, wallpaper, insulation, drywall, carpet, fabric, and upholstery.

For some people, mold can cause a stuffy nose, sore throat, coughing or wheezing, burning eyes, or skin rash. People with asthma or who are allergic to mold may have severe reactions. Immune-compromised people and people with chronic lung disease may get infections in their lungs from mold.

There are steps to prevent mold growth in the home:

- Keep humidity levels in your home as low as you can — no higher than 50% — all day long. An air conditioner or dehumidifier will help you keep the level low.
- Be sure the air in your home flows freely. Use exhaust fans in the kitchen and bathroom that vent to outside your home. Make sure your clothes dryer vents outside your home.
- Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
- Clean up and dry out your home fully and quickly (within 24–48 hours) after a flood.
- Add mold inhibitors to paints before painting. You can buy mold inhibitors at paint and home improvement stores.
- Clean bathrooms with mold-killing products.
- Remove or replace carpets and upholstery that have been soaked and cannot be dried right away. Don't use carpet in places like bathrooms or basements that may have a lot of moisture.

Source: CDC, 2025

Radon

Florida has many places where natural radioactivity in the soil releases radon gas into the home through the foundation or crawl space. Radon is the second leading cause of lung cancer after cigarette smoking and is the leading cause of lung cancer among non-smokers. Residents of Polk County can request a free Radon Test Kit from the Florida Department of Health in Polk by calling 863-519-8330 or visiting their website to complete a request form.

Source: Florida Environmental Public Health Tracking System, 2024

Figure 420. Indoor Air Quality – Radon

Indicator	Measure	Year	Polk	Florida
Number of housing units tested for radon*	Count	2021-23	794	47,110

*The Environmental Protection Agency (EPA) recommends abatement or remediation when indoor air radon concentrations equal or exceed 4 pCi/L (picocuries per liter).

Source: Florida Environmental Public Health Tracking System,

Carbon Monoxide

Carbon monoxide is an odorless, colorless, tasteless gas that interferes with the delivery of oxygen in the blood to the rest of the body and is highly poisonous. Carbon monoxide is made when fuels – like gas, kerosene, propane or wood – are burned. Devices in the home – such as furnaces, gas appliances, and generators – can malfunction and emit carbon monoxide into the air, potentially causing illness or death.

Protect yourself and your family from carbon monoxide poisoning by purchasing a carbon monoxide alarm. In addition:

- Keep generators at least 20 feet away from your home with exhaust hoses pointing away from people and structures.
- Always follow the manufacturer’s directions for carbon monoxide alarms and generators.
- Never use gas grills indoors or in garages.
- Never leave a car running in an enclosed space.
- Minimize the use of candles and wood-burning fireplaces as much as possible.

Source: CDC, 2025

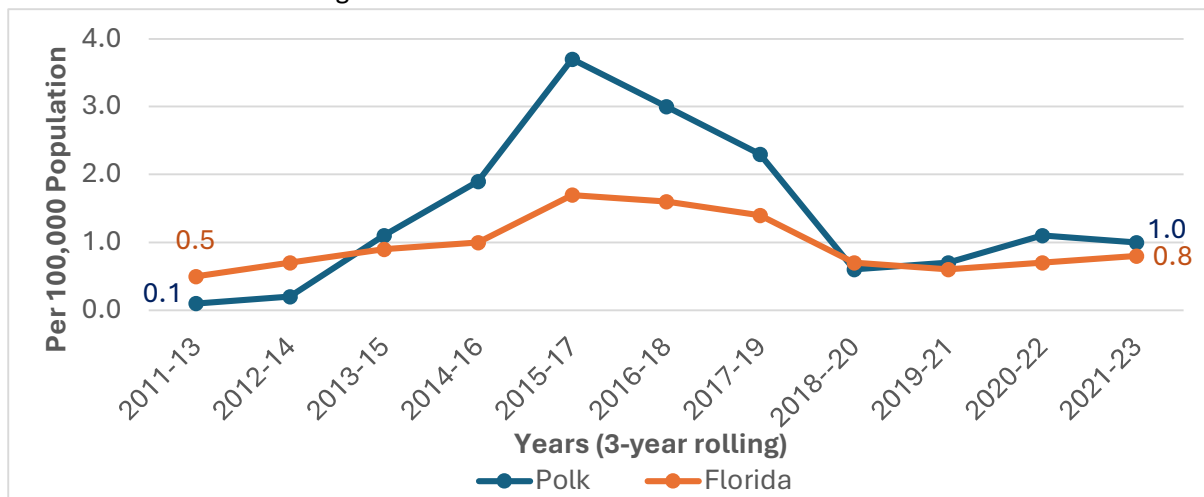
Figure 421. Indoor Air Quality –Carbon Monoxide

Indicator	Measure	Year	Polk	Florida
Carbon monoxide poisoning ¹	Per 100,000	2021-23	1.0	0.8
Age-adjusted carbon monoxide Emergency Department (ED) visits ²	Per 100,000	2021-23	2.30	1.76
Age-adjusted carbon monoxide hospitalizations ²	Per 100,000	2021-23	0.96	0.54
Age-adjusted carbon monoxide deaths ³	Per 100,000	2020-22	0.13	0.21

In Polk, rates of carbon monoxide poisonings (1.0 per 100,000), ED visits (2.30 per 100,000) and hospitalizations (0.96 per 100,000) are slightly higher compared to rates across the State of Florida. However, Polk has a slightly lower rate of death from carbon monoxide (0.13 per 100,000) than the State (0.21 per 100,000).

Sources: ¹ FDOH Bureau of Epidemiology; ² Florida AHCA; ³ FDOH Bureau of Vital Statistics

Figure 422. Carbon Monoxide Poisoning – Over Time



The rate of carbon monoxide poisoning has generally increased over time in Polk and across the State of Florida. A large spike in poisonings occurred in 2017 across the state, coinciding with Hurricane Irma, which made landfall in Florida on September 10th, 2017, as a Category 4 storm.

Sources: FDOH Bureau of Epidemiology

Secondhand Smoke and Vape Exposure



There is no safe level of exposure to secondhand smoke. The effects of secondhand smoke exposure on the body are immediate. Since 1964, about 2,500,000 people who did not smoke died from health problems caused by secondhand smoke. In adults who do not smoke, secondhand smoke exposure can cause coronary heart disease, stroke, lung cancer, and other diseases. It can also result in premature death. Secondhand smoke can cause adverse reproductive health effects in women, including low birth weight. In children, secondhand smoke exposure can cause respiratory infections, ear infections, and asthma attacks. In babies, secondhand smoke can cause sudden infant death syndrome (SIDS).

Most e-cigarettes, or vapes, contain nicotine, which is highly addictive and is a health danger for pregnant people, developing fetuses, and youth. The aerosol produced from e-cigarettes can also contain other harmful and potentially harmful substances. These include cancer-causing chemicals and tiny particles that can be inhaled deep into the lungs. E-cigarette aerosol generally contains fewer harmful chemicals than the deadly mix of 7,000 chemicals in cigarette smoke. However, this does not make e-cigarettes safe. Scientists are still learning about the short- and long-term health effects of e-cigarette use and exposure.

Additional information about tobacco and vape use may be found under the *Behavioral Health* section (see *Tobacco Use* on page 101).

Sources: Florida Environmental Public Health Tracking System, 2024; CDC, 2024

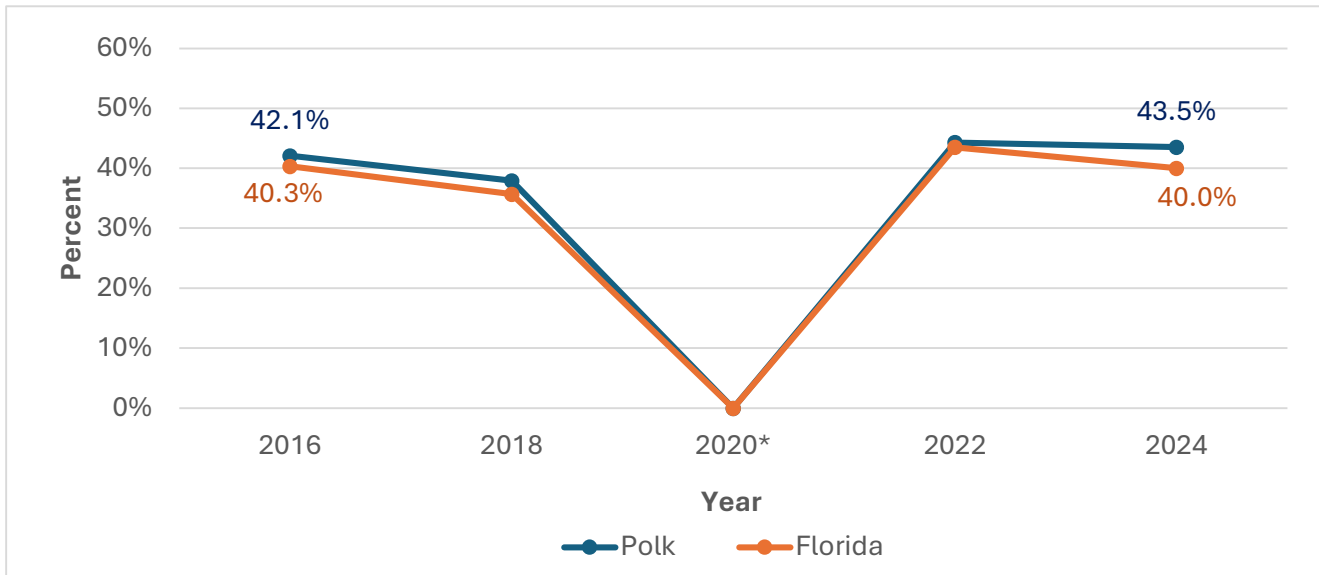
Figure 423. Indoor Air Quality – Secondhand Smoke/Vape Exposure

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Students who, in the past 30 days, were in the same room or rode in a car with someone who was smoking cigarettes	Percent	2024	 3	43.5%	41.0%
Students who, in the past 30 days, were in the same room or rode in a car with someone who was using an Electronic Vapor Product	Percent	2024	 3	49%	46.2%

Polk County students are more likely to have been in the same room or rode in a car with someone who was smoking cigarettes (43.5%) or using an Electronic Vapor Product (49%) in the past 30 days, compared to students statewide.

Source: FYTS

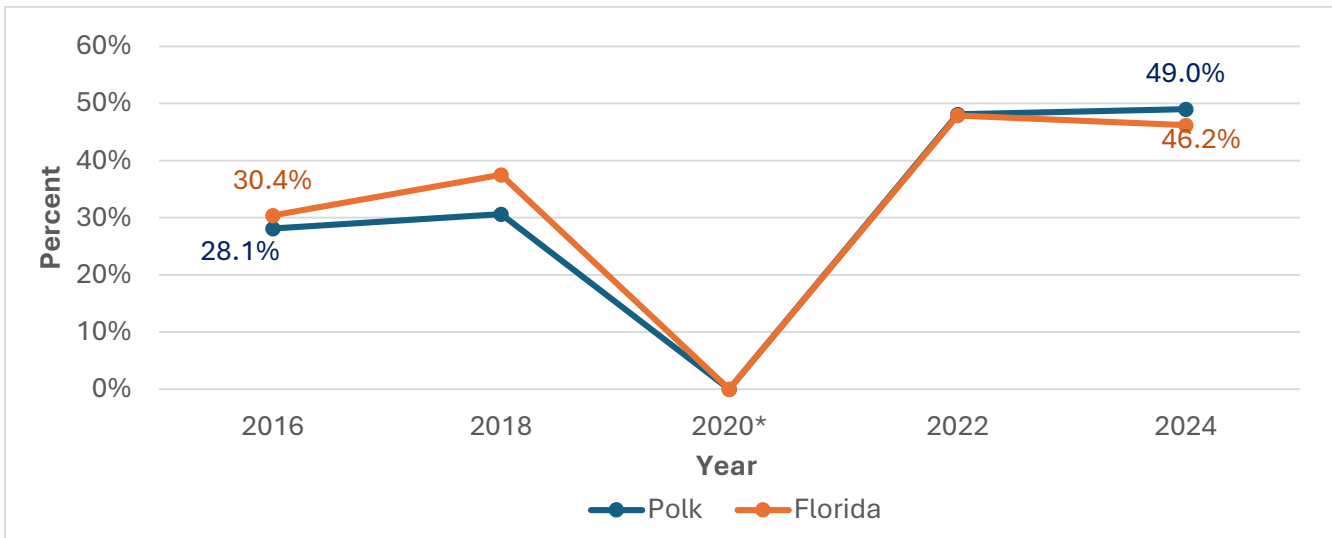
Figure 424. Middle and High School Students Who Were in the Same Room or Rode in a Car with Someone Who Was Smoking Cigarettes (Past 30 Days) – Over Time



*No data available for 2020.

Historically, Polk has had a slightly higher rate of students who were in the same room or rode in a car with someone who was smoking cigarettes in the past 30 days, compared to all students across the State of Florida. While the rate among all Florida students has slightly decreased over time, the rate among Polk students has increased.

Figure 425. Middle and High School Students Who Were in the Same Room or Rode in a Car with Someone Who Was Using an Electronic Vapor Product (Past 30 Days) – Over Time



*No data available for 2020.

The rate of students who were in the same room or rode in a car with someone who was using an Electronic Vapor Product in the past 30 days has increased over time in both Polk County and across the State of Florida. Historically, the rate was lower in Polk County prior to 2020, however, has since surpassed the statewide rate with almost half of Polk County students (49.0%) having been exposed to secondhand vape within the past 30 days.

Source: FYTS

Lead

Lead is a naturally occurring metal that can cause negative health effects. Lead poisoning can affect nearly every system in the body, however, often goes unrecognized with no obvious symptoms.

Childhood Lead Poisoning

Children less than six years old are at greater risk of lead exposure. This is because their bodies are rapidly developing and more susceptible to taking in lead if exposed. Young children also tend to put their hands or other objects in their mouths more frequently. This is why the most common source of lead exposure in young children is lead dust. The most common sources of lead exposure in young children are lead based paint and lead-contaminated dust. While the use of lead-based paint was banned in 1978, houses built before the ban are more likely to contain lead. This includes lead-based paint as well as pipes, faucets, and plumbing fixtures containing lead. Adults working in lead-using industries should avoid wearing soiled work clothes back home, as lead dust can also be carried on clothing.

Even at low levels, lead in blood is associated with developmental delays, difficulty learning, and behavioral issues. Blood lead levels above 5 micrograms of lead per deciliter ($\mu\text{g}/\text{dL}$) of blood is the reference level at which the Centers for Disease Control and Prevention (CDC) recommends public health actions be initiated.

A blood test is the best way to determine if a child has been exposed to lead.

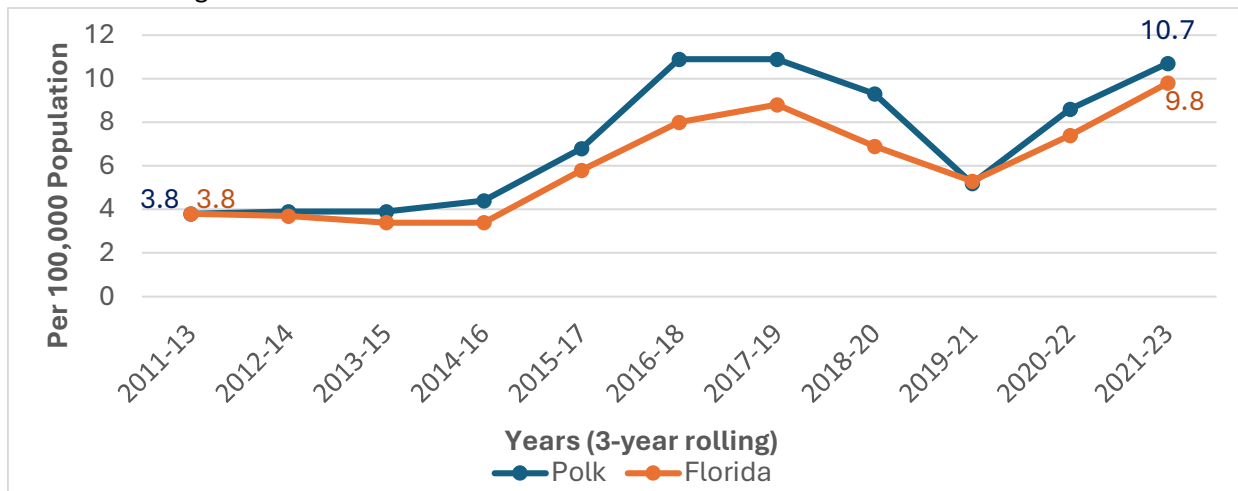
Sources: CDC, 2024; Florida Environmental Public Health Tracking System, 2024

Figure 426. Lead

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Lead					
Lead Poisoning ($>5 \mu\text{g}/\text{dL}$) ²	Per 100,000	2021-23	3	10.7	9.8
Occupied Housing units built pre-1980 ³	Percent	2023	-	29%	32.2%

Sources: ¹FDOH Bureau of Epidemiology; ²US Census Bureau ACS

Figure 427. Lead Poisoning – Over Time



The rate of lead poisoning has more than doubled in Polk and across the State over time.

Source: FDOH Bureau of Epidemiology

Weather

Weather is the state of the atmosphere at a place and time regarding heat, dryness, wind, rain, etc. It affects us daily, both physically and mentally. Poor housing conditions and/or lack of resources can leave people more exposed to weather extremes, like heat waves and cold.

Temperature extremes are directly linked with various diseases and disorders, such as hypothermia and heat stroke. Weather extremes can aggravate existing health conditions and disproportionately impact vulnerable populations, like the elderly.

Heat Index

Also known as the apparent temperature, the *heat index* is what the temperature feels like to the human body when relative humidity is combined with the air temperature. Heat indices meeting or exceeding 103°F can lead to dangerous heat disorders with prolonged exposure and/or physical activity in the heat.

Classification	Heat Index	Effect on the body
Caution	80°F - 90°F	Fatigue possible with prolonged exposure and/or physical activity
Extreme Caution	90°F - 103°F	Heat stroke, heat cramps, or heat exhaustion possible with prolonged exposure and/or physical activity
Danger	103°F - 124°F	Heat cramps or heat exhaustion likely, and heat stroke possible with prolonged exposure and/or physical activity
Extreme Danger	125°F or higher	Heat stroke highly likely

Source: National Weather Service

Figure 428. Weather

Indicator	Measure	Year	Polk	Florida
Heat¹				
Number of days with daily maximum heat index above <u>90 degrees</u> (°F)	Days	2021	86	-
Number of days with daily maximum heat index above <u>95 degrees</u> (°F)	Days	2021	13	-
Number of days with daily maximum heat index above <u>100 degrees</u> (°F)	Days	2021	0	-
Number of days with daily maximum heat index above <u>105 degrees</u> (°F)	Days	2021	0	-
Heat-related Events				
Age-adjusted heat-related <u>ED visits</u> during summer months ²	Per 100,000	2021-23	41.22	26.52
Age-adjusted heat-related <u>hospitalizations</u> during summer months ²	Per 100,000	2021-23	7.79	4.93
Age-adjusted heat-related <u>deaths</u> during summer months ³	Per 100,000	2020-22	0.133	0.142

Sources: ¹CDC Environmental Public Health Tracking; ²Florida AHCA; ³FDOH Bureau of Vital Statistics

Vector-borne Diseases (VBDs)

Mosquitoes, ticks, and fleas that spread germs and parasites are called vectors. A person who gets bitten by a vector and gets sick could have a vector-borne disease (VBD).

While not an exhaustive list, below are some VBDs commonly known and/or encountered within Florida:

- **West Nile Virus Disease (WNV)** is the leading cause of mosquito-borne disease in the continental United States. It is most commonly spread to people by the bite of an infected mosquito. There are no vaccines to prevent or medications to treat WNV in people. Fortunately, most people infected with WNV do not feel sick. About 1 in 5 people who are infected develop a fever and other symptoms. About 1 out of 150 infected people develop a serious, sometimes fatal, illness.
- **Dengue** viruses are spread to people through the bite of an infected mosquito. The most common symptoms of dengue are fever, nausea, vomiting, rash, and aches and pains. The mosquitoes that spread dengue are found in most tropical and subtropical regions of the world, including many parts of the United States. A dengue vaccine is available for use in some parts of the world, including United States territories.
- **Malaria** is a serious and sometimes fatal disease caused by a parasite that commonly infects a certain type of mosquito which feeds on humans. People who get malaria are typically very sick with high fevers, shaking chills, and flu-like illness. Although malaria can be a deadly disease, illness and death from malaria can usually be prevented.
- **Chikungunya** virus is spread to people by the bite of an infected mosquito. The most common symptoms of infection are fever and joint pain. Other symptoms may include headache, muscle pain, joint swelling, or rash. There is no vaccine to prevent or medicine to treat chikungunya virus infection.
- **Eastern Equine Encephalitis (EEE)** virus is a rare cause of brain infections (encephalitis). Only a few cases are reported in the United States each year. Most occur in eastern or Gulf Coast states. Approximately 30% of people with EEE die and many survivors have ongoing neurologic problems.
- **Rocky Mountain Spotted Fever** and **Spotted Fever Rickettsiosis** are a group of diseases caused by closely related bacteria. These bacteria are spread to people through the bite of infected mites and ticks. The most serious and commonly reported spotted fever group rickettsiosis in the United States is Rocky Mountain spotted fever. Signs and symptoms can include fever, headache, rash, and muscle aches.
- **Ehrlichiosis** is the general name used to describe diseases caused by the bacteria *Ehrlichia chaffeensis*, *E. ewingii*, or *E. muris eauclairensis* in the United States. These bacteria are spread to people primarily through the bite of infected ticks. People with ehrlichiosis will often have fever, chills, headache, muscle aches, and sometimes upset stomach.
- **Anaplasmosis** is a disease caused by the bacterium *Anaplasma phagocytophilum*. These bacteria are spread to people by tick bites. People with anaplasmosis will often have fever, headache, chills, and muscle aches.
- **Babesiosis** is a rare, sometimes severe, disease caused by the bite of a tick infected with *Babesia microti*, a microscopic (tiny, not seen without a microscope) parasite that infects red blood cells.

Causes and Spread

Several factors are driving the emergence and increased spread of VBDs, putting more people at greater risk:

- **Changing land use patterns**, like reforestation, can lead to increased deer populations and suburban growth, exposing more people to more infected tick bites each year.
- **Global travel and trade** play a role in introducing invasive vectors and pathogens throughout the Americas.
 - Travelers have inadvertently brought chikungunya and Zika viruses into the United States.
 - Almost every year, travelers have been associated with local spread of dengue in southern states.
- **A changing climate** influences the geographic distribution and seasonality of VBDs. This includes:

- Changing weather patterns and increased frequency of severe and unpredictable weather, such as heat waves and droughts.
- Longer and warmer summers and shorter and milder winters lengthen vector seasons in the United States.
- Temperature and precipitation affect disease transmission by impacting the replication, interaction, and survival of disease vectors.

These factors, along with societal factors like housing conditions, occupational exposures, and access to health care, can contribute to worsening the already disproportionate impacts of VBDs in some communities.

VBD Prevention

Everyone in the United States is at risk of getting sick from germs spread by infected ticks, mosquitoes, fleas, and other vectors. Using insect repellent is the best way to prevent bites. You can also wear loose-fitting, long clothing to protect yourself from mosquito and tick bites. After coming inside, check your body for ticks and take a shower within 2 hours of coming indoors to help wash off unattached ticks and to check your body for ticks. Prevent ticks on pets by talking to your veterinarian about the best tick prevention products for your pet. People traveling to areas with risk for vector-borne diseases can discuss available vaccinations with their healthcare provider.

Sources: CDC, 2024; FDOH Division of Public Statistics and Performance Management, 2024

Figure 429. Vector-borne Diseases

Indicator	Measure	Year	Polk County		Florida	
			Count	Rate	Count	Rate
Mosquito-borne						
West Nile Virus Disease	Per 100,000	2021-23	1	0.0	33	0.0
Dengue Fever	Per 100,000	2021-23	17	0.7	1,749	2.6
Malaria	Per 100,000	2021-23	2	0.1	173	0.3
Chikungunya Fever	Count	2023	0	-	4	-
Eastern Equine Encephalitis (EEE)	Count	2023	0	-	2	-
Tick-borne						
Rocky Mountain Spotted Fever and Spotted Fever Rickettsiosis	Count	2023	1	-	28	-
Ehrlichiosis	Count	2023	1	-	41	-
Anaplasmosis	Count	2022	0	-	43	-
Babesiosis	Per 100,000	2021-23	2	0.1	73	0.1

Source: FDOH Bureau of Epidemiology

Food and Waterborne Illnesses

While not an exhaustive list, below are some food and waterborne illnesses commonly known and/or encountered within Florida:

- **Campylobacteriosis** is caused by Campylobacter bacteria. People with Campylobacter infection usually have diarrhea (often bloody), fever, and abdominal cramps. Most Campylobacter infections are associated with eating raw or undercooked poultry or from contamination of other foods by these items.
- **Cryptosporidiosis** is transmitted by fecal-oral route, including person-to-person, animal-to-person, waterborne and foodborne. It is one of the most common causes of waterborne disease (recreational water and drinking water) in humans in the United States.
- **Cyclosporiasis** is an intestinal illness caused by the microscopic parasite Cyclospora cayetanensis. People can become infected with Cyclospora by consuming food or water contaminated with the parasite. People living or traveling in countries where cyclosporiasis is endemic may be at increased risk for infection.
- **Legionellosis**, or Legionnaires' disease, is a serious type of pneumonia caused by Legionella bacteria. People can get sick when they breathe in mist or accidentally swallow water into the lungs containing Legionella. Symptoms include cough, shortness of breath, fever, muscle aches and headaches. There are no vaccines that can prevent Legionnaires' disease. The key to preventing Legionnaires' disease is to make sure that building owners and managers maintain building water systems to reduce the risk of Legionella growth and spread.
- **Listeriosis** is a serious infection usually caused by eating food contaminated with the bacterium Listeria monocytogenes. The infection is most likely to sicken pregnant women and their newborns, adults aged 65 or older, and people with weakened immune systems. Listeria can cause fever and diarrhea like other foodborne germs, but this type of Listeria infection is rarely diagnosed. Symptoms in people with invasive listeriosis, meaning the bacteria has spread beyond the gut, depend on whether the person is pregnant. Pregnant women typically experience only fever and other flu-like symptoms, such as fatigue and muscle aches. However, infections during pregnancy can lead to miscarriage, stillbirth, premature delivery, or life-threatening infection of the newborn. For people other than pregnant women, symptoms can include headache, stiff neck, confusion, loss of balance, and convulsions in addition to fever and muscle aches.
- **Salmonellosis** is an illness people get from the Salmonella bacteria. Most people infected with Salmonella develop diarrhea, fever, and abdominal cramps between 12 and 72 hours after infection. The illness usually lasts 4 to 7 days, and most individuals recover without treatment. Avoiding contaminated food and water is the main way to prevent salmonellosis.
- **Shigellosis** is an infectious disease caused by a group of bacteria called Shigella. Most people infected with Shigella develop diarrhea, fever, and stomach cramps starting a day or two after they are exposed to the bacteria. Shigellosis usually resolves in 5 to 7 days. Some people who are infected may have no symptoms at all but may still pass the Shigella bacteria to others. The spread of Shigella can be stopped by frequent and careful handwashing with soap and taking other hygiene measures.
- **Giardiasis** is a parasitic infection of the intestines caused by the microscopic parasite Giardia intestinalis. The infection is spread through contaminated food or water or by person-to-person contact. Symptoms usually include stomach cramps, bloating, nausea, diarrhea, and dehydration.

Source: FDOH Bureau of Epidemiology

Figure 430. Food and Waterborne Illnesses

Indicator	Measure	Year	Polk County			Florida Rate
			Count	Quartile	Rate	
Campylobacteriosis	Per 100,000	2021-23	521	3	22.6	18.8
Cryptosporidiosis	Per 100,000	2021-23	73	3	3.2	0.7
Cyclosporiasis	Per 100,000	2021-23	43	-	1.9	1.7
Legionellosis	Per 100,000	2021-23	55	3	2.4	2.3
Listeriosis	Per 100,000	2021-23	4	-	0.2	0.2
Salmonellosis	Per 100,000	2021-23	580	2	25.2	30.5
Shigellosis	Per 100,000	2021-23	22	3	3.1	4.1
Giardiasis, Acute	Count	2023	54	4	-	1,311

Source: FDOH Bureau of Epidemiology

Built Environment

Our built environment consists of the buildings, roads, utilities, homes, infrastructure, parks, and all other man-made entities that form the physical characteristics of a community. The built environment can influence overall community health and individual behaviors such as physical activity and healthy eating (e.g. by limiting available choices).

The built environment influences a person’s level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle/walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer. The availability of healthy or unhealthy foods can influence what dietary choices people make. Identifying food deserts where healthy food sources are scarce and unhealthy food options are plentiful can help us understand the choices people make and how it contributes to public health. Creating built environments that are designed to promote health can increase physical activity, reduce injury, increase access to healthy foods, improve air and water quality, provide fair access to public resources, and strengthen the social fabric of a community.

Source: Florida Environmental Public Health Tracking, 2024

Figure 431. Built Environment

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Commuting to Work					
Workers who drove alone in a car, truck, or van to get to work	Percent	2021-23	3	79.2%	74.1%
Workers who used taxicab, motorcycle, bicycle, or other means to work	Percent	2021-23	2	1.9%	2.3%
Workers who walk to work	Percent	2021-23	2	0.9%	1.4%

Source: US Census Bureau ACS

Additional components of the built environment may be found under the *Exercise, Nutrition, and Weight* section (see *Built Environment* on page 185).

Other health-related outcomes impacted by environmental hazards may also be found throughout this document, including under the *Chronic Disease* section (e.g., Asthma, COPD, Cancer and Heart Attack) on page 125, as well as the *Maternal and Infant Health* section (e.g., Birth Defects, Premature Birth, Infant Mortality and Low Birth Weight) on page 187.

APPENDIX A: FREQUENTLY ASKED QUESTIONS

Frequently Asked Questions





What is secondary data?

Secondary data refers to data that has already been collected and is being used for a purpose other than what it was originally collected for. In this report, secondary data sources include all sources cited that the FDOH-Polk team did not collect through the 2024 Community Health Survey or Key Informant Focus Groups (this is considered primary data). Secondary data sources cited in this report include: US Census data, Florida Vital Statistics data, and data from the Florida Agency for Health Care Administration (AHCA), and many others. A full list of secondary data sources can be found in Appendix F.

What are quartiles?

The state of Florida contains a total of 67 counties. For the purposes of comparing county-level data across the state, each of the 67 counties are divided up into four quartiles.

Quartiles in statistics are values that divide a data set into four quarters based on how the numbers fall on a number line. For the purposes of this report, quartiles are ranked from most favorable (1st quartile) to least favorable (4th quartile). These quartiles compare us to the other 67 counties across the state.

-  Quartile 1: The most favorable quartile in the state (most favorable 25%).
-  Quartile 2: The second most favorable quartile (25%) in the state.
-  Quartile 3: The third most favorable quartile (25%) in the state.
-  Quartile 4: The least favorable quartile in the state (least favorable 25%).

What is a rate?

A rate is a ratio between two related quantities in different units. It is customary to use rates per 100,000 population for deaths and per 1,000 population for live births.

What is an age-adjusted rate?

An age-adjusted rate is a measure that controls for the effects of age differences on health event rates. Age-adjusting is used to control for the influence that different population age distributions might have on health event rates. Age-adjusting rates allows for fairer comparisons between groups with different age distributions.

What are 3-year rolling rates?

3-year rolling rates are the sum of three years into one data point. Because rolling rates overlap (e.g., 2020-2022, 2021-2023), they cannot be used for statistical testing. Using a 3-year rolling rate smooths the trend line and removes extreme values to give a better overall picture of the data.

What is incidence?

Incidence, or incidence rate, is the number of new cases in a given timeframe.

What are ambulatory care sensitive hospitalizations?

Ambulatory care sensitive hospitalizations are a type of hospitalization that might have been avoided through access to high-quality outpatient care. High rates of ambulatory care sensitive hospitalizations in a community may indicate a lack or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to timely and effective care. Ambulatory care sensitive conditions are helpful when assessing community health needs.

APPENDIX B: COMMUNITY PARTNERS

2024-2025 Polk County CHA Workgroup Members

Name	Agency
Alison Grooms	AdventHealth
Krista Cunningham	BayCare Health System
Meghan Mapes	BayCare Health System
Joylette Stevens	CareerSource Polk
Yazmin Castellano	Center for Autism and Related Disabilities at University of South Florida (CARD-USF)
Shambria Campbell	Center for Autism and Related Disabilities at University of South Florida (CARD-USF)
LaTasha Cohen	Central Florida Behavioral Health Network
Barbara Turner	Central Florida Health Care
Monica Livingstone	CivCom/Tobacco Free Polk
Desiree Meaton-Francisco	Cove Behavioral Health, Inc.
Karen Webb	Feeding Tampa Bay
Cheryl Kelly	Early Learning Coalition (ELC) of Polk County
Jenna Levine	Florida Department of Health in Polk County
Taylor Freeman	Florida Department of Health in Polk County
Jessica Napoleon	Florida Department of Health in Polk County
Veronica Jarquin Lopez	Florida Department of Health in Polk County
Dr. Joy Jackson	Florida Department of Health in Polk County
Jody Streussnig	Florida Gulf Coast Alzheimer's Association
Cade Butler	Florida Southern College - Student Volunteer
Callie Neslund	GiveWell Community Foundation
Tonya Akwetey	Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Yadiris Romero	Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Christine Tufts	Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Tracy Grey	Heartland for Children
Jessica Henderson	Homeless Coalition of Polk County, Inc.
Patty Strickland	kidsPACK, Inc.
Lauren Springfield	Lakeland Regional Health
Paula Mims	League of Women Voters of Polk County
Jo Shim	League of Women Voters of Polk County
Jean Baker	League of Women Voters of Polk County
Ashleigh Mills	Office of the Tax Collector for Polk County (TCPC)
Cristina Aguilar	Peace River Center
Holly Vida	Polk County – Health and Human Services
Lori Beisner	Polk County – Health and Human Services
Caroline Benitez	Polk County – Health and Human Services
Terri Saltzman	Polk County – Health and Human Services
Sherry Scott	Polk County Public Schools
Audrey Kelley	Polk County Public Schools
Tara Watson	Polk Vision
Amy Nickerson	Polk Vision
Brenda Luna	The Family Healthcare Foundation
Nuria Ramos	The Family Healthcare Foundation
Heather Kaufmann	Tri-County Human Services
Andrea Nikolai	UF/IFAS Extension Polk County

Polk County Prioritization Exercise – February 4, 2025
Participating Agencies

Agency
AdventHealth
Anchored in Hope Counseling Services, LLC
BayCare Health System
CareerSource Polk
Center for Autism and Related Disabilities at University of South Florida (CARD-USF)
Central Florida Health Care
Central Florida Regional Planning Council
Central Florida Speech and Hearing Center
City of Haines City
City of Lakeland
Cove Behavioral Health, Inc.
East Coast Migrant Head Start Project
Florida Department of Children and Families
Florida Department of Health in Polk County
Florida Southern College
Health Council of West Central Florida
Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Heartland for Children
Homeless Coalition of Polk County, Inc.
Johns Hopkins All Children's Hospital / Safe Kids
Keiser University
KidsPACK, Inc.
Lake Wales Police Department
Lakeland Regional Health
League of Women Voters of Polk County
Learning Resource Center of Polk County, Inc.
LIFE Limbs
Parker Street Ministries
Polk County - Health and Human Services
Polk County - Parks and Natural Resources
Polk County Public Schools
Polk Transportation Planning Organization (TPO)
Polk Vision
Redlands Christian Migrant Association (RCMA)
Senior Connection Center
Talbot House Ministries
The Family Healthcare Foundation
Tobacco Free Polk
Tri-County Human Services
UF/IFAS Extension Polk County
Volunteers in Service to the Elderly (VISTE)
Willow Oak Counseling

All Community Partner Agencies that Participated in the 2024-2025 Polk County CHA Process

Agency
AdventHealth
Anchored in Hope Counseling Services, LLC
BAYS (Bay Area Youth Services)
BayCare Health System
Big Brothers/Big Sisters of Tampa Bay
CareerSource Polk
Center for Autism and Related Disabilities at University of South Florida (CARD-USF)
Central Florida Behavioral Health Network
Central Florida Health Care
Central Florida Regional Planning Council
Central Florida Speech and Hearing Center
Children’s Resource Center
City of Haines City
City of Lakeland
CivCom/Tobacco Free Polk
Cosmo Project
Cove Behavioral Health, Inc.
Early Learning Coalition (ELC) of Polk County
East Coast Migrant Head Start Project
Feeding Tampa Bay
Florida Children’s Museum
Florida Department of Children and Families
Florida Department of Health in Polk County
Florida Gulf Coast Alzheimer's Association
Florida Southern College
Frostproof Care Center
GiveWell Community Foundation
Gospel, Inc.
Health Council of West Central Florida
Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Heartland for Children
Homeless Coalition of Polk County, Inc.
InnerAct Alliance
Johns Hopkins All Children's Hospital / Safe Kids
Keiser University
kidsPACK, Inc.
Lake Wales Police Department
Lakeland Regional Health
Lakeland Volunteers in Medicine (LVIM)
Lakeside Pediatrics
League of Women Voters of Polk County
Learning Resource Center of Polk County, Inc.
LIFE Limbs
Nemours Children’s Health
New Mt. Zion Missionary Baptist Church
Office of the Tax Collector for Polk County (TCPC)

Agency
Parker Street Ministries
Peace River Center
Polk County - Health and Human Services
Polk County - Housing and Neighborhood Development
Polk County - Parks and Natural Resources
Polk County - Veteran Services
Polk County Fire Rescue
Polk County Library Cooperative
Polk County Public Schools
Polk County Sheriff's Office
Polk for Recovery
Polk Transportation Planning Organization (TPO)
Polk Vision
Redlands Christian Migrant Association (RCMA)
RSVP Polk
Senior Connection Center
Senior Helpers
Talbot House Ministries
The Family Healthcare Foundation
Tri-County Human Services
UF/IFAS Extension Polk County
United Way of Central Florida
Volunteers in Service to the Elderly (VISTE)
Willow Oak Counseling
Winter Haven Chamber of Commerce
Winter Haven Public Safety

APPENDIX C:
2024 POLK COUNTY COMMUNITY HEALTH SURVEY TOOL

Polk Community Health Survey

We want to hear from you! By completing the survey below, you are providing valuable information about the health concerns effecting your community. Completed surveys will be used to inform efforts to improve community health in Polk County.

Please take 15 minutes to fill out this survey. Your responses are **anonymous** and will not be connected to you in any way. The survey does not ask you for your name or any other information that could be used to identify you. If you have any questions, please contact Jessica Napoleon at 863-578-2087 or Jessica.Napoleon@flhealth.gov. Thank you for sharing your feedback!

* For a list of community resources, please see the last page of this survey.

Demographics

1. About how long have you lived in Polk County?

Less than 1 year 1-5 years More than 5 years

2. In which ZIP code do you live? (Please write in): ___ ___ ___ ___ ___

3. What is your age? (Please choose only 1)

18 to 24 35 to 44 55 to 64 75 or older

25 to 34 45 to 54 65 to 74

4. Are you of Hispanic or Latino origin or descent? (Please choose only 1)

Yes, Hispanic or Latino No, not Hispanic or Latino Prefer not to answer

5. What race best describes you? (Please choose only 1)

African American or Black Asian More than one race

American Indian or Alaska Native Native Hawaiian or Pacific Islander Prefer not to answer

White I identify in another way
(Please specify): _____

6. What is your sex? (Please choose only 1)

Female Male Prefer not to answer

7. How well do you speak English? (Please choose only 1)

Very well Well Not well Not at all

8. What is the **highest** level of school that you have completed? (Please choose only 1)

Less than high school Some college, no degree

Some high school, but no diploma Associate's degree

High school diploma or GED Bachelor's degree

Career/Technical School Master's/Graduate or professional degree or higher

9. How much total combined money did **all** people living in your home earn last year? (Please choose only 1)

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$200,000+ |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 | |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 to \$149,999 | |

10. Which of the following categories best describes your employment status? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employed, working full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed, working part-time | <input type="checkbox"/> Disabled, not able to work |
| <input type="checkbox"/> Not employed, looking for work | <input type="checkbox"/> Student (if so, what school): _____ |
| <input type="checkbox"/> Not employed, NOT looking for work | |

11. What transportation do you use most often to go places? (Please choose only 1)

- | | |
|---|--|
| <input type="checkbox"/> I drive a car | <input type="checkbox"/> Someone drives me |
| <input type="checkbox"/> I take the bus | <input type="checkbox"/> I walk |
| <input type="checkbox"/> I ride a bike | <input type="checkbox"/> I take a taxi/cab |
| <input type="checkbox"/> I ride a motorcycle or scooter | <input type="checkbox"/> I take an Uber/Lyft |

12. How do you pay for most of your health care? (Please choose only 1)

- | | |
|---|---|
| <input type="checkbox"/> I pay cash / I don't have insurance | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Medicare or Medicare HMO | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicaid or Medicaid HMO | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Commercial health insurance (from your employer) | <input type="checkbox"/> Marketplace insurance plan (Obamacare / Affordable Care Act) |
| <input type="checkbox"/> County health plan (Polk Health Care Plan) | <input type="checkbox"/> I pay another way (please specify): _____ |

13. Including yourself, how many people currently live in your home? (Please choose only 1)

- | | |
|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 6 or more |

Community Health

14. Overall, how would you rate the health of the community in which you live? (Please choose only 1)

- Very Healthy Healthy Somewhat Healthy Unhealthy Very Unhealthy Not Sure

15. What do you think are the **top 3 risky behaviors** that are most harmful to the health of your community? (Please **circle** only 3).

- Alcohol abuse or drinking too much alcohol (beer, wine, spirits, mixed drinks)
- Dropping out of school
- Illegal drug use and/or abuse or misuse of prescription medications
- Marijuana use (vaping/smoking/ingesting)
- Lack of exercise
- Poor eating habits
- Not getting “shots” to prevent disease
- Not wearing helmets
- Not using seat belts or not using child safety seats
- Vaping (nicotine), cigarette, cigar, cigarillo, or e-cigarette use
- Unsafe sex (not using protection against STDs and unwanted pregnancy)
- Distracted driving (texting, eating, talking on the phone)
- Not locking up guns
- Not going to the doctor for regular checkups
- Not seeing a doctor while you are pregnant
- Too much screen time (computer, television, video game)

16. What do you think are the **top 3 health problems** in your community? (Please **circle** only 3).

- Aging problems (for example: difficulty getting around, dementia, arthritis)
- Cancers
- Child abuse/neglect
- Clean environment/air and water quality
- Climate change
- Dental problems
- Diabetes/high blood sugar
- Domestic violence/rape/sexual assault/human trafficking
- Gun-related injuries
- Being overweight
- Mental health problems including suicide
- Illegal drug use and/or abuse of prescription medications and/or alcohol abuse or drinking too much
- Heart disease/stroke/high blood pressure
- HIV/AIDS and other Sexually Transmitted Diseases (STDs)
- Homicide
- Infectious diseases (for example: Hepatitis, TB, COVID-19)
- Car/motorcycle crash injuries
- Other unintentional injuries (for example: bike or pedestrian accidents, drownings, poisonings)
- Infant death
- Respiratory/lung disease
- Teenage pregnancy
- Pregnancy-related complications
- Poor diet and/or hunger
- Social isolation

17. What do you think are the **top 3 factors** that make a healthy community? (Please **circle** only 3)

- Low crime/safe neighborhoods
- Good schools
- Access to good health care/good health information
- Parks and recreation
- Clean environment/air and water quality
- Low-cost housing
- Arts and cultural events
- Low-cost health insurance
- Tolerance/embracing diversity
- Good jobs and healthy economy
- Strong family life
- Access to low-cost, healthy food
- Sidewalks/walking safety
- Public transportation
- Religious or spiritual values
- Disaster preparedness
- Emergency Medical Services
- Strong community/community knows and supports each other
- Access to pregnancy care

18. Below are some statements about **your community**. Please tell us if you agree or disagree with each statement:

	Agree	Disagree	Not Sure
Illegal drug use/prescription medicine abuse is a problem in my community.			
There is no problem getting health care services in my community.			
There are parks and recreational facilities in my community.			
Public transportation is available if needed.			
There are jobs that pay a living wage available in my community.			
Crime is a problem in my community.			
My community is safe.			
There are low-cost places to live in my community.			
The quality of air is good in my community.			
There are low-cost childcare options in my community.			
All children have access to low-cost, quality education.			
My community has access to reliable internet.			
My community is understanding of people with mental health problems.			
Healthy food is easy to get in my community.			

Personal Health

19. Overall, how would you rate **your personal** health? (Please choose only 1)

- Very Healthy
 Somewhat Healthy
 Unhealthy
 Very Unhealthy

20. Below are some statements about **your household**. Please tell us how true each statement is for you:

	Often True	Sometimes True	Never True
In the past 12 months, I worried about whether our food would run out before we got money to buy more.			
In the past 12 months, the food that we bought just did not last, and we did not have money to get more.			

21. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in?

- Yes
 No

22. Do you eat at least 5 cups of fruits and/or vegetables every day?

- Yes No

23. How many days a week do you get 30 minutes or more of physical activity that increases your heart rate or makes you breathe harder than normal? (Please choose only 1)

- 5 or more days a week 3-4 days a week 1-2 days a week None

24. Below are some statements about your connections with the people in your life. Please tell us how much you agree or disagree with each statement.

	Agree	Disagree	Not Sure
I am happy with my friendships and relationships.			
I have enough people I can ask for help at any time.			
My relationships are as satisfying as I would want them to be.			

25. Was there a time in the **past 12 months** where you felt unsafe walking or riding a bike in your community?

- Yes No (skip to question 27) I don't walk or ride a bike (skip to question 27)

26. What were the reason(s) you felt unsafe? (Choose all that apply)

- Crime, violence or theft No sidewalks or poor conditions of sidewalks
 No bike lanes Unsafe drivers (speeding, not paying attention)
 No crosswalks Wildlife/animals
 No lighting or low visibility Other reason (please specify): _____

27. In the **past 12 months**, how many times have you gone to an **emergency room (ER)** for your personal health? (Please choose only 1)

- 1 time 5-9 times
 2 times 10 or more times
 3-4 times I have not gone to a hospital ER in the past 12 months (skip to question 29)

28. What is the main reason(s) you used the **emergency room (ER)** instead of going to a doctor's office or clinic? (Choose all that apply)

- It was after hours/the weekend I don't have a doctor/dentist/clinic
 Long wait for an appointment with my regular doctor Cost
 Emergency/life-threatening situation I don't have insurance
 Other (please specify): _____

29. Was there a time in the **past 12 months** when you needed **medical care** but did not get the care you needed?

- Yes No (skip to question 31)

30. What are some of the reasons that kept you from getting **medical care**? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Unable to schedule an appointment when needed | <input type="checkbox"/> Transportation challenges |
| <input type="checkbox"/> Unable to find a doctor who takes my insurance | <input type="checkbox"/> Cannot take time off work |
| <input type="checkbox"/> Doctor's office does not have convenient hours | <input type="checkbox"/> No childcare available |
| <input type="checkbox"/> Do not have insurance to cover medical care | <input type="checkbox"/> Immigration status |
| <input type="checkbox"/> Unable to find a doctor who knows or understands my language, culture, identity, or beliefs | <input type="checkbox"/> Mistrust of doctors or health system |
| <input type="checkbox"/> Not sure how to find a doctor | <input type="checkbox"/> Someone wouldn't let me |
| <input type="checkbox"/> Unable to afford to pay for care | <input type="checkbox"/> Other (please specify): _____ |

31. Was there a time in the **past 12 months** when you needed **pregnancy care** but did not get the care you needed?

- Yes No (skip to question 33)

32. What are some of the reasons that kept you from getting **pregnancy care**? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I didn't know I was pregnant | <input type="checkbox"/> Not sure how to find a doctor |
| <input type="checkbox"/> I didn't want others to know I was pregnant (such as family, boss/employer) | <input type="checkbox"/> Unable to afford to pay for care |
| <input type="checkbox"/> Unable to schedule an appointment when needed | <input type="checkbox"/> Transportation challenges |
| <input type="checkbox"/> Unable to find a doctor who takes my insurance | <input type="checkbox"/> Cannot take time off work |
| <input type="checkbox"/> Doctor's office does not have convenient hours | <input type="checkbox"/> No childcare available |
| <input type="checkbox"/> Do not have insurance to cover pregnancy care | <input type="checkbox"/> Immigration status |
| <input type="checkbox"/> Unable to find a doctor who knows or understands my language, culture, identity, or beliefs | <input type="checkbox"/> Mistrust of doctors or health system |
| | <input type="checkbox"/> Someone wouldn't let me |
| | <input type="checkbox"/> Other (please specify): _____ |

33. Was there a time in the **past 12 months** when you needed **dental care** but did not get the care you needed?

- Yes No (skip to question 35)

34. What are some reasons that kept you from getting **dental care**? (Choose all that apply)

- Unable to schedule an appointment when needed
- Unable to find a dentist who takes my insurance
- Dentist's office does not have convenient hours
- Do not have insurance to cover dental care
- Unable to find a dentist who knows or understands my language, culture, identity, or beliefs
- Not sure how to find a dentist
- Unable to afford to pay for care
- Transportation challenges
- Cannot take time off work
- No childcare available
- Immigration status
- Mistrust of doctors or health system
- Someone wouldn't let me
- Other (please specify): _____

35. Thinking about your **mental health**, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only 1)

- Excellent
- Very good
- Good
- Fair
- Poor
- Not sure

36. Was there a time in the **past 12 months** when you needed **mental health care** but did not get the care you needed?

- Yes
- No (skip to question 38)

37. What are some reasons that kept you from getting **mental health care**? (Choose all that apply)

- Fear of children being taken away
- Fear of losing job
- Fear of judgment from family or community
- Unable to schedule an appointment when needed
- Unable to find a doctor/counselor who takes my insurance
- Doctor/Counselor's office does not have convenient hours
- Do not have insurance to cover mental health care
- Unable to find a doctor/counselor who knows or understands my language, culture, identity, or beliefs
- Not sure how to find a doctor/counselor
- Unable to afford to pay for care
- Transportation challenges
- Cannot take time off work
- No childcare available
- Immigration status
- Mistrust of doctors or health system
- Someone wouldn't let me
- Other (please specify): _____

38. Below are a few statements about mental health. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
Having a mental disorder is nothing to be ashamed of.			
I have someone I could ask for help if I had a mental health problem.			

39. If I had a mental health problem and/or received mental health care, I think people would:
(Choose all that apply)

- Think I am weak
- Think of me as a failure
- Avoid me
- Feel sorry for me or "look down on me"
- Think I am exaggerating my illness
- Think I am an unfit parent
- Think I was "not really ill"
- None of the above

40. When you were growing up, during the first 18 years of life:

	Yes	No
Did you live with anyone who was depressed, mentally ill, or suicidal?		
Did you live with anyone who was a problem drinker or alcoholic?		
Did you live with anyone who used illegal street drugs or who abused prescription medications?		
Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility?		
Were your parents separated or divorced?		
Did your parent(s) or an adult in your household experience physical harm? (slap, hit, kick, etc.)		
Did your parent(s) or an adult physically harm you? (slap, hit, kick, etc.)		
Did your parent(s) or an adult verbally harm you? (swear, insult, or put down)		
Did an adult or anyone at least 5 years older touch you sexually?		
Did an adult or anyone at least 5 years older make you touch them sexually?		
Did an adult or anyone at least 5 years older force you to have sex?		

41. When you were growing up, during the first 18 years of life:

	Yes	No
Did you have at least one caregiver with whom you felt safe?		
Did you have at least one good friend?		
Did you have beliefs that gave you comfort?		
Did you like school?		
Did you have at least one teacher who cared about you?		
Did you have good neighbors?		
Was there an adult (non-parent/caregiver) who could provide you with support and advice?		
Did you have opportunities to have a good time?		
Did you like yourself or feel comfortable with yourself?		
Did you have a predictable home routine, like regular meals and a regular bedtime?		

**Please remove this page to take with you and
place your completed survey in the box.**

Community Resources

FindHelp.org

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here.

211

Free, confidential, and available 24/7. Referral Specialists can connect you to free services, such as: after school programs, clothing, emergency shelter, financial counseling, food distribution centers, mental health services, senior assistance, state and federal assistance, substance abuse programs, tutoring, volunteer opportunities, and much more. Simply call 211, text your zip code to 898-211, email uw211help@gmail.com, or visit www.UWCF.org/211.

988 Suicide & Crisis Lifeline

24-hour, toll-free, confidential support for people in distress. Prevention and crisis resources for your or your loved ones. Call or text 988.

Peace River Center – Crisis Services

24-Hour Emotional Support and Crisis Line and Mental Health Crisis Response Team:
863.519.3744 or toll-free 800.627.5906 or text to Chat Crisis Line: Send “Talk” to
863.204.3443

Thank you

APPENDIX D:
2024 POLK COUNTY COMMUNITY HEALTH SURVEY DATA
TABLES

2024-2025 Polk Community Health Survey Results

Survey Language

Indicator	Survey Count	Survey Percent
<i>*Please choose your language. (n=2052)</i>		
<i>English</i>	1760	85.77%
<i>Spanish</i>	270	13.16%
<i>Haitian Creole</i>	22	1.07%

Demographics & Community Context

Indicator	Survey Count	Survey Percent
<i>*About how long have you lived in Polk County? (n=2052)</i>		
<i>Less than 1 year</i>	172	8.38%
<i>1-5 years</i>	497	24.22%
<i>More than 5 years</i>	1383	67.40%
<i>*In which zip code do you live? (open response) (n=2052) (see table below)</i>		
<i>*What is your age? (n=2052)</i>		
<i>18 to 24</i>	255	12.43%
<i>25 to 34</i>	549	26.75%
<i>35 to 44</i>	419	20.42%
<i>45 to 54</i>	254	12.38%
<i>55 to 64</i>	291	14.18%
<i>65 to 74</i>	188	9.16%
<i>75 or older</i>	96	4.68%
<i>*Are you of Hispanic or Latino origin or descent? (n=2052)</i>		
<i>Yes, Hispanic or Latino</i>	679	33.09%
<i>No, not Hispanic or Latino</i>	1248	60.82%
<i>Prefer not to answer</i>	125	6.09%
<i>*What race best describes you? (n=2052)</i>		
<i>African American or Black</i>	414	20.18%
<i>American Indian or Alaska Native</i>	20	0.97%
<i>Asian</i>	31	1.51%
<i>Native Hawaiian or Pacific Islander</i>	7	0.34%
<i>White</i>	1196	58.28%
<i>More than one race</i>	102	4.97%
<i>Prefer not to answer</i>	216	10.53%
<i>I identify in another way (Please specify): (open response)</i>	66	3.22%
<i>*What is your sex? (n=2052)</i>		
<i>Female</i>	1685	82.12%
<i>Male</i>	343	16.72%
<i>Prefer not to answer</i>	24	1.17%

Indicator	Survey Count	Survey Percent
*How well do you speak English? (n=2052)		
<i>Very well</i>	1640	79.92%
<i>Well</i>	206	10.04%
<i>Not well</i>	126	6.14%
<i>Not at all</i>	80	3.90%
*What is the highest level of school that you have completed? (n=2052)		
<i>Less than high school</i>	84	4.09%
<i>Some high school, but no diploma</i>	171	8.33%
<i>High school diploma or GED</i>	510	24.85%
<i>Career/Technical School</i>	128	6.24%
<i>Some college, no degree</i>	336	16.37%
<i>Associate's degree</i>	252	12.28%
<i>Bachelor's degree</i>	339	16.52%
<i>Master's/Graduate or professional degree or higher</i>	232	11.31%
*How much total combined money did all people living in your home earn last year? (n=2052)		
<i>Less than \$10,000</i>	324	15.79%
<i>\$10,000 to \$14,999</i>	147	7.16%
<i>\$15,000 to \$24,999</i>	249	12.13%
<i>\$25,000 to \$34,999</i>	301	14.67%
<i>\$35,000 to \$49,999</i>	289	14.08%
<i>\$50,000 to \$74,999</i>	263	12.82%
<i>\$75,000 to \$99,999</i>	174	8.48%
<i>\$100,000 to \$149,999</i>	178	8.67%
<i>\$150,000 to \$199,999</i>	76	3.70%
<i>\$200,000+</i>	51	2.49%
*Which of the following categories best describes your employment status? (Choose all that apply) (n=2052)		
<i>Employed, working full-time</i>	936	45.61%
<i>Employed, working part-time</i>	248	12.09%
<i>Not employed, looking for work</i>	304	14.81%
<i>Not employed, NOT looking for work</i>	214	10.43%
<i>Retired</i>	249	12.13%
<i>Disabled, not able to work</i>	103	5.02%
<i>Student (if so, what school): (open response)</i>	48	2.24%
*What transportation do you use most often to go places? (n=2052)		
<i>I drive a car</i>	1691	82.41%
<i>I take the bus</i>	37	1.80%
<i>I ride a bike</i>	21	1.02%
<i>I ride a motorcycle or scooter</i>	3	0.15%
<i>Someone drives me</i>	227	11.06%
<i>I walk</i>	40	1.95%
<i>I take a taxi/cab</i>	4	0.19%
<i>I take an Uber/Lyft</i>	29	1.41%

Indicator	Survey Count	Survey Percent
<i>*How do you pay for most of your healthcare? (n=2052)</i>		
<i>I pay cash / I don't have insurance</i>	296	14.43%
<i>Medicare or Medicare HMO</i>	333	16.23%
<i>Medicaid or Medicaid HMO</i>	533	25.97%
<i>Commercial health insurance (from your employer)</i>	639	31.14%
<i>County health plan (Polk Health Care Plan)</i>	84	4.09%
<i>TRICARE</i>	29	1.41%
<i>Veteran's Administration</i>	22	1.09%
<i>Marketplace insurance plan (Obamacare / Affordable Care Act)</i>	116	5.65%
<i>*Including yourself, how many people currently live in your home? (n=2052)</i>		
1	293	14.28%
2	515	25.10%
3	416	20.27%
4	368	17.93%
5	237	11.55%
6 or more	223	10.87%
<i>Overall, how would you rate the health of the community in which you live? (n=2034)</i>		
<i>Very Healthy</i>	288	14.16%
<i>Healthy</i>	686	33.73%
<i>Somewhat Healthy</i>	682	33.53%
<i>Unhealthy</i>	187	9.19%
<i>Very Unhealthy</i>	52	2.56%
<i>Not Sure</i>	139	6.83%
<i>Overall, how would you rate your personal health? (n=1972)</i>		
<i>Very Healthy</i>	280	14.20%
<i>Healthy</i>	927	47.01%
<i>Somewhat Healthy</i>	643	32.61%
<i>Unhealthy</i>	107	5.43%
<i>Very Unhealthy</i>	15	0.76%
<i>Public transportation is available if needed. (n=1919)</i>		
<i>Agree</i>	970	50.55%
<i>Disagree</i>	553	28.82%
<i>Not Sure</i>	396	20.64%
<i>There are jobs that pay a living wage available in my community. (n=1937)</i>		
<i>Agree</i>	628	32.42%
<i>Disagree</i>	860	44.40%
<i>Not Sure</i>	449	23.18%
<i>There are low-cost places to live in my community. (n=1918)</i>		
<i>Agree</i>	398	20.75%
<i>Disagree</i>	997	51.98%
<i>Not Sure</i>	523	27.27%

Indicator	Survey Count	Survey Percent
<i>There are low-cost childcare options in my community. (n=1920)</i>		
<i>Agree</i>	359	18.70%
<i>Disagree</i>	715	37.24%
<i>Not Sure</i>	846	44.06%
<i>All children have access to low-cost, quality education. (n=1921)</i>		
<i>Agree</i>	840	43.73%
<i>Disagree</i>	478	24.88%
<i>Not Sure</i>	603	31.39%
<i>My community has access to reliable internet. (n=1929)</i>		
<i>Agree</i>	1171	60.71%
<i>Disagree</i>	390	20.22%
<i>Not Sure</i>	368	19.08%
<i>Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in? (n=1893)</i>		
<i>Yes</i>	349	18.44%
<i>No</i>	1544	81.56%
<i>*What do you think are the top 3 health problems in your community? (Choose 3) (n=2052)</i>		
<i>Being overweight</i>	640	31.19%
<i>Diabetes/high blood sugar</i>	604	29.43%
<i>Cancers</i>	585	28.51%
<i>Illegal drug use and/or abuse of prescription medications and/or alcohol abuse or drinking too much</i>	539	26.27%
<i>Mental health problems including suicide</i>	514	25.05%
<i>Aging problems (for example: difficulty getting around, dementia, arthritis)</i>	446	21.73%
<i>Heart disease/stroke/high blood pressure</i>	373	18.18%
<i>Poor diet and/or hunger</i>	290	14.13%
<i>Domestic violence/rape/sexual assault/human trafficking</i>	248	12.09%
<i>Child abuse/neglect</i>	230	11.21%
<i>Dental problems</i>	224	10.92%
<i>Car/motorcycle crash injuries</i>	216	10.53%
<i>Social isolation</i>	170	8.28%
<i>Gun-related injuries</i>	143	6.97%
<i>Clean environment/air and water quality</i>	130	6.34%
<i>Climate change</i>	112	5.46%
<i>HIV/AIDS and other Sexually Transmitted Diseases (STDs)</i>	88	4.29%
<i>Respiratory/lung disease</i>	83	4.04%
<i>Teenage pregnancy</i>	67	3.27%
<i>Other unintentional injuries (for example: bike or pedestrian accidents, drownings, poisonings)</i>	56	2.73%
<i>Infectious diseases (for example: Hepatitis, TB, COVID-19)</i>	55	2.68%
<i>Homicide</i>	51	2.49%
<i>Infant death</i>	31	1.51%
<i>Pregnancy-related complications</i>	22	1.07%

Indicator	Survey Count	Survey Percent
<i>*What do you think are the top 3 risky behaviors that are most harmful to the health of your community? (Choose 3) (n=2052)</i>		
<i>Illegal drug use and/or abuse or misuse of prescription medications</i>	964	46.98%
<i>Alcohol abuse or drinking too much alcohol (beer, wine, spirits, mixed drinks)</i>	915	44.59%
<i>Poor eating habits</i>	728	35.48%
<i>Lack of exercise</i>	558	27.19%
<i>Distracted driving (texting, eating, talking on the phone)</i>	540	26.32%
<i>Too much screen time (computer, television, video game)</i>	347	16.91%
<i>Vaping (nicotine), cigarette, cigar, cigarillo, or e-cigarette use</i>	311	15.16%
<i>Not going to the doctor for regular checkups</i>	302	14.72%
<i>Marijuana use (vaping/smoking/ingesting)</i>	293	14.28%
<i>Unsafe sex (not using protection against STDs and unwanted pregnancy)</i>	221	10.77%
<i>Dropping out of school</i>	184	8.97%
<i>Not locking up guns</i>	168	8.19%
<i>Not using seat belts or not using child safety seats</i>	166	8.09%
<i>Not getting "shots" to prevent disease</i>	128	6.24%
<i>Not wearing helmets</i>	57	2.78%
<i>Not seeing a doctor while you are pregnant</i>	49	2.39%
<i>*What do you think are the top 3 factors that make a healthy community? (Choose 3) (n=2052)</i>		
<i>Access to good health care/good health information</i>	912	44.44%
<i>Low crime/safe neighborhoods</i>	820	39.96%
<i>Good schools</i>	679	33.09%
<i>Good jobs and healthy economy</i>	583	28.41%
<i>Strong family life</i>	413	20.13%
<i>Access to low-cost, healthy food</i>	394	19.20%
<i>Clean environment/air and water quality</i>	360	17.54%
<i>Low-cost housing</i>	341	16.62%
<i>Strong community/community knows and supports each other</i>	337	16.42%
<i>Low-cost health insurance</i>	329	16.03%
<i>Religious or spiritual values</i>	253	12.33%
<i>Parks and recreation</i>	193	9.41%
<i>Emergency Medical Services</i>	104	5.07%
<i>Public transportation</i>	81	3.95%
<i>Tolerance/embracing diversity</i>	76	3.70%
<i>Sidewalks/walking safety</i>	72	3.51%
<i>Access to pregnancy care</i>	39	1.90%
<i>Arts and cultural events</i>	33	1.61%
<i>Disaster preparedness</i>	14	0.68%

Access to Care

Indicator	Survey Count	Survey Percent
<i>There is no problem getting health care services in my community. (n=1947)</i>		
<i>Agree</i>	662	34.00%
<i>Disagree</i>	827	42.48%
<i>Not Sure</i>	458	23.52%
<i>In the past 12 months, how many times have you gone to an emergency room (ER) for your personal health? (n=1961)</i>		
<i>1 time</i>	446	22.74%
<i>2 times</i>	192	9.79%
<i>3-4 times</i>	135	6.88%
<i>5-9 times</i>	26	1.33%
<i>10 or more times</i>	12	0.61%
<i>I have not gone to a hospital ER in the past 12 months</i>	1150	58.64%
<i>What is the main reason(s) you used the emergency room (ER) instead of going to a doctor's office or clinic? (Choose all that apply) (n=797)</i>		
<i>It was after hours/the weekend</i>	309	
<i>Long wait for an appointment with my regular doctor</i>	94	
<i>Emergency/life-threatening situation</i>	303	
<i>I don't have a doctor/dentist/clinic</i>	73	
<i>Cost</i>	33	
<i>I don't have insurance</i>	68	
<i>Other (please specify): open response</i>	76	
<i>Was there a time in the past 12 months when you needed medical care but did not get the care you needed? (n=1936)</i>		
<i>Yes</i>	369	19.06%
<i>No</i>	1567	80.94%
<i>What are some of the reasons that kept you from getting medical care? (Choose all that apply) (n=362)</i>		
<i>Unable to schedule an appointment when needed</i>	137	
<i>Unable to find a doctor who takes my insurance</i>	73	
<i>Doctor's office does not have convenient hours</i>	44	
<i>Do not have insurance to cover medical care</i>	120	
<i>Unable to find a doctor who knows or understands my language, culture, identity, or beliefs</i>	18	
<i>Not sure how to find a doctor</i>	20	
<i>Unable to afford to pay for care</i>	145	
<i>Transportation challenges</i>	31	
<i>Cannot take time off work</i>	50	
<i>No childcare available</i>	26	
<i>Immigration status</i>	2	
<i>Mistrust of doctors or health system</i>	40	
<i>Someone wouldn't let me</i>	5	
<i>Other (please specify): open response</i>	22	

Exercise, Nutrition, and Weight

Indicator	Survey Count	Survey Percent
<i>There are parks and recreational facilities in my community. (n=1943)</i>		
<i>Agree</i>	1532	78.85%
<i>Disagree</i>	252	12.97%
<i>Not Sure</i>	159	8.18%
<i>Healthy food is easy to get in my community. (n=1936)</i>		
<i>Agree</i>	966	49.90%
<i>Disagree</i>	641	33.11%
<i>Not Sure</i>	329	16.99%
<i>In the past 12 months, I worried about whether our food would run out before we got money to buy more. (n=1954)</i>		
<i>Often True</i>	256	13.10%
<i>Sometimes True</i>	549	28.10%
<i>Never True</i>	1149	58.80%
<i>In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (n=1941)</i>		
<i>Often True</i>	197	10.15%
<i>Sometimes True</i>	465	23.96%
<i>Never True</i>	1279	65.89%
<i>Do you eat at least 5 cups of fruit and/or vegetables every day? (n=1966)</i>		
<i>Yes</i>	591	30.06%
<i>No</i>	1375	69.94%
<i>How many days a week do you get 30 minutes or more of physical activity that increases your heart rate or makes you breathe harder than normal? (n=1961)</i>		
<i>5 or more days a week</i>	404	20.60%
<i>3-4 days a week</i>	592	30.19%
<i>1-2 days a week</i>	676	34.47%
<i>None</i>	289	14.74%

Behavioral Health

Indicator	Survey Count	Survey Percent
<i>Illegal drug use/prescription medicine abuse is a problem in my community. (n=1954)</i>		
<i>Agree</i>	1073	54.91%
<i>Disagree</i>	325	16.63%
<i>Not Sure</i>	556	28.45%
<i>My community is understanding of people with mental health problems. (n=1936)</i>		
<i>Agree</i>	514	26.55%
<i>Disagree</i>	615	31.77%
<i>Not Sure</i>	807	41.68%

Indicator	Survey Count	Survey Percent
<i>I am happy with my friendships and relationships. (n=1968)</i>		
<i>Agree</i>	1742	88.52%
<i>Disagree</i>	140	7.11%
<i>Not Sure</i>	86	4.37%
<i>I have enough people I can ask for health at any time. (n=1960)</i>		
<i>Agree</i>	1488	75.92%
<i>Disagree</i>	345	17.60%
<i>Not Sure</i>	127	6.48%
<i>My relationships are as satisfying as I would want them to be. (n=1947)</i>		
<i>Agree</i>	1528	78.48%
<i>Disagree</i>	270	13.87%
<i>Not Sure</i>	149	7.65%
<i>Thinking about your mental health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (n=1886)</i>		
<i>Excellent</i>	329	17.44%
<i>Very good</i>	527	27.94%
<i>Good</i>	561	29.75%
<i>Fair</i>	338	17.92%
<i>Poor</i>	106	5.62%
<i>Not sure</i>	25	1.33%
<i>Was there a time in the past 12 months when you needed mental health care but did not get the care you needed? (n=1899)</i>		
<i>Yes</i>	267	14.06%
<i>No</i>	1632	85.94%
<i>What are some of the reasons that kept you from getting mental health care? (Choose all that apply) (n=251)</i>		
<i>Fear of children being taken away</i>	29	
<i>Fear of losing job</i>	33	
<i>Fear of judgement from family or community</i>	57	
<i>Unable to schedule an appointment when needed</i>	69	
<i>Unable to find a doctor/counselor who takes my insurance</i>	71	
<i>Doctor/Counselor's office does not have convenient hours</i>	37	
<i>Do not have insurance to cover mental health care</i>	91	
<i>Unable to find a doctor/counselor who knows or understands my language, culture, identity, or beliefs</i>	25	
<i>Not sure how to find a doctor/counselor</i>	35	
<i>Unable to afford to pay for care</i>	87	
<i>Transportation challenges</i>	21	
<i>Cannot take time off work</i>	32	
<i>No childcare available</i>	21	
<i>Immigration status</i>	1	
<i>Mistrust of doctors or health system</i>	36	
<i>Someone wouldn't let me</i>	5	
<i>Other (please specify): open response</i>	13	

Indicator	Survey Count	Survey Percent
<i>Having a mental disorder is nothing to be ashamed of. (n=1831)</i>		
Agree	1571	85.80%
Disagree	146	7.97%
Not Sure	114	6.23%
<i>I have someone I could ask for help if I had a mental health problem. (n=1825)</i>		
Agree	1483	81.26%
Disagree	175	9.59%
Not Sure	167	9.15%
<i>If I had a mental health problem and/or received mental health care, I think people would: (Choose all that apply) (n=1824)</i>		
Think I am weak	211	
Avoid me	173	
Think I am exaggerating my illness	254	
Think I was "not really ill"	242	
Think of me as a failure	159	
Feel sorry for me or "look down on me"	265	
Think I am an unfit parent	142	
None of the above	1230	

Indicator	Survey Count	Survey Percent
<i>When you were growing up, during the first 18 years of life:</i>		
<i>Did you live with anyone who was depressed, mentally ill, or suicidal? (n=1867)</i>		
Yes	476	25.50%
No	1391	74.50%
<i>Did you live with anyone who was problem drinker or alcoholic? (n=1871)</i>		
Yes	438	23.41%
No	1433	76.59%
<i>Did you live with anyone who used illegal street drugs or who abused prescription medications? (n=1867)</i>		
Yes	251	13.44%
No	1616	86.56%
<i>Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility? (n=1864)</i>		
Yes	216	11.59%
No	1648	88.41%
<i>Were your parents separated or divorced? (n=1859)</i>		
Yes	749	40.29%
No	1110	59.71%
<i>Did your parent(s) or an adult in your household experience physical harm? (slap, hit, kick, etc.) (n=1860)</i>		
Yes	347	18.66%
No	1513	81.34%

Indicator	Survey Count	Survey Percent
<i>When you were growing up, during the first 18 years of life:</i>		
<i>Did your parent(s) or an adult physically harm you? (slap, hit, kick, etc.) (n=1861)</i>		
Yes	340	18.27%
No	1521	81.73%
<i>Did your parent(s) or an adult verbally harm you? (swear, insult, or put down) (n=1856)</i>		
Yes	486	26.19%
No	1370	73.81%
<i>Did an adult or anyone at least 5 years older touch you sexually? (n=1859)</i>		
Yes	263	14.15%
No	1596	85.85%
<i>Did an adult or anyone at least 5 years older make you touch them sexually? (n=1849)</i>		
Yes	162	8.76%
No	1687	91.24%
<i>Did an adult or anyone at least 5 years older force you to have sex? (n=1852)</i>		
Yes	110	5.94%
No	1742	94.06%
<i>Did you have at least one caregiver with whom you felt safe? (n=1856)</i>		
Yes	1678	90.41%
No	178	9.59%
<i>Did you have at least one good friend? (n=1864)</i>		
Yes	1757	94.26%
No	107	5.74%
<i>Did you have beliefs that gave you comfort? (n=1855)</i>		
Yes	1652	89.06%
No	203	10.94%
<i>Did you like school? (n=1865)</i>		
Yes	1544	82.79%
No	321	17.21%
<i>Did you have at least one teacher who cared about you? (n=1854)</i>		
Yes	1654	89.21%
No	200	10.79%
<i>Did you have good neighbors? (n=1848)</i>		
Yes	1655	89.56%
No	193	10.44%
<i>Was there an adult (non-parent/caregiver) who could provide you with support and advice? (n=1853)</i>		
Yes	1613	87.05%
No	240	12.95%
<i>Did you have opportunities to have a good time? (n=1853)</i>		
Yes	1713	92.44%
No	140	7.56%

Indicator	Survey Count	Survey Percent
<i>Did you like yourself or feel comfortable with yourself? (n=1860)</i>		
Yes	1522	81.83%
No	338	18.17%
<i>Did you have a predictable home routine, like regular meals and a regular bedtime? (n=1853)</i>		
Yes	1658	89.48%
No	195	10.52%

Maternal/Infant Health

Indicator	Survey Count	Survey Percent
<i>Was there a time in the past 12 months when you needed pregnancy care but did not get the care you needed? (n=1902)</i>		
Yes	56	2.94%
No	1846	97.06%
<i>What are some of the reasons that kept you from getting pregnancy care? (Choose all that apply) (n=54)</i>		
<i>I didn't know I was pregnant</i>	10	
<i>I didn't want others to know I was pregnant (such as family, boss/employer)</i>	3	
<i>Unable to schedule an appointment when needed</i>	9	
<i>Unable to find a doctor who takes my insurance</i>	9	
<i>Doctor's office does not have convenient hours</i>	2	
<i>Do not have insurance to cover pregnancy care</i>	18	
<i>Unable to find a doctor who knows or understands my language, culture, identity, or beliefs</i>	2	
<i>Not sure how to find a doctor</i>	2	
<i>Unable to afford to pay for care</i>	9	
<i>Transportation challenges</i>	3	
<i>Cannot take time off work</i>	2	
<i>No childcare available</i>	3	
<i>Immigration status</i>	0	
<i>Mistrust of doctors or health system</i>	2	
<i>Someone wouldn't let me</i>	2	
<i>Other (please specify): open response</i>	2	

Injury Prevention and Safety

Indicator	Survey Count	Survey Percent
<i>Crime is a problem in my community. (n=1936)</i>		
<i>Agree</i>	673	34.76%
<i>Disagree</i>	718	37.09%
<i>Not Sure</i>	545	28.15%
<i>My community is safe. (n=1921)</i>		
<i>Agree</i>	1187	61.79%
<i>Disagree</i>	346	18.01%
<i>Not Sure</i>	388	20.20%
<i>Was there a time in the past 12 months where you felt unsafe walking or riding a bike in your community? (n=1969)</i>		
<i>Yes</i>	463	23.51%
<i>No</i>	1173	59.57%
<i>I don't walk or ride a bike</i>	333	16.91%
<i>What were the reason(s) you felt unsafe? (Choose all that apply) (n=452)</i>		
<i>Crime, violence, or theft</i>	215	
<i>No bike lanes</i>	109	
<i>No crosswalks</i>	78	
<i>No lighting or low visibility</i>	167	
<i>No sidewalks or poor condition of sidewalks</i>	174	
<i>Unsafe drivers (speeding, not paying attention)</i>	277	
<i>Wildlife/animals</i>	57	
<i>Other reason (please specify): (open response)</i>	48	

Environmental Health

Indicator	Survey Count	Survey Percent
<i>The quality of air is good in my community. (n=1921)</i>		
<i>Agree</i>	1205	62.73%
<i>Disagree</i>	303	15.77%
<i>Not Sure</i>	413	21.50%

Oral Health

Indicator	Survey Count	Survey Percent
<i>Was there a time in the past 12 months when you needed dental care but did not get the care you needed? (n=1905)</i>		
Yes	520	27.30%
No	1385	72.70%
<i>What are some of the reasons that kept you from getting dental care? (Choose all that apply) (n=528)</i>		
<i>Unable to schedule an appointment when needed</i>	142	
<i>Unable to find a dentist who takes my insurance</i>	135	
<i>Dentist's office does not have convenient hours</i>	57	
<i>Do not have insurance to cover dental care</i>	215	
<i>Unable to find a dentist who knows or understands my language, culture, identity, or beliefs</i>	9	
<i>Not sure how to find a dentist</i>	27	
<i>Unable to afford to pay for care</i>	266	
<i>Transportation challenges</i>	39	
<i>Cannot take time off work</i>	48	
<i>No childcare available</i>	22	
<i>Immigration status</i>	4	
<i>Mistrust of doctors or health system</i>	24	
<i>Someone wouldn't let me</i>	5	
<i>Other (please specify): open response</i>	24	

Zip Code

<i>In which zip code do you live? (n=2052)</i>		
ZIP Code	# of responses	City
33801	136	Lakeland
33802	1	Lakeland
33803	54	Lakeland
33805	88	Lakeland
33809	54	Lakeland
33810	83	Lakeland
33811	44	Lakeland
33812	28	Lakeland
33813	77	Lakeland
33815	29	Lakeland
33820	3	Alturas
33823	81	Auburndale
33827	16	Babson Park/Hillcrest Heights
33830	91	Bartow
33831	2	Bartow
33835	1	Bradley
33837	158	Davenport
33838	19	Dundee
33839	15	Eagle Lake
33841	18	Fort Meade
33843	153	Frostproof
33844	201	Haines City
33845	1	Haines City
33846	1	Highland City
33847	1	Homeland
33850	16	Lake Alfred
33851	4	Lake Hamilton
33853	65	Lake Wales
33854	1	Lakeshore/Lake Wales
33855	10	Indian Lake Estates/Lake Wales
33856	1	Nalcrest/Lake Wales
33859	39	Lake Wales
33860	30	Mulberry
33863	1	Nichols
33867	1	River Ranch/Lake Wales
33868	21	Polk City
33877	6	Waverly
33880	115	Winter Haven/Eloise/JPV/Wahneta
33881	117	Winter Haven
33884	93	Winter Haven/Cypress Gardens
33896	31	Davenport/Champions Gate
33897	37	Davenport
33898	65	Lake Wales/Highland Park
34759	44	Kissimmee/Poinciana

APPENDIX E:
2024 POLK COUNTY KEY INFORMANT FOCUS GROUP
MODERATORS GUIDES

2024 Polk County Community Context Assessment
Key Informant Focus Group Guide – Priority Population

Introduction

The Florida Department of Health in Polk County, together with community partners, is conducting a community health assessment to better understand the health needs of our residents. As part of this process, we have already gathered data from residents through a community survey and reviewed a wide range of secondary data indicators. To fill in any gaps and further explore priority topics that have emerged, we are gathering focus groups of key informants to provide additional qualitative information.

Our steering committee and workgroup have identified key individuals that can provide important insight into the needs of certain populations or certain health topics in our county. The themes that emerge from these focus groups will be used in the planning process to help us determine strategic priorities to improve health and quality of life in Polk County.

The priority population we are here to discuss today is: _____ in Polk County.

(aging adults / youth / unhoused / migrants / persons with substance use disorder)

Questions

1. Please share your name, organization, and your position at the organization.
2. What are the major health needs or issues among the _____ population in Polk County?
 - a. What factors do you think are contributing to these health needs or issues?
 - b. Are there specific challenges among different racial/ethnic groups or geographic areas in the county? Needs specific to age or socioeconomic status?
3. What barriers or challenges does this population face that might prevent them from accessing health care or social services, or from achieving positive health outcomes?
 - a. Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.
4. What do you consider to be the strengths and assets of this population in Polk County?
 - a. What are some of the resources in your community that address issues, such as groups, initiatives, services, or programs?
5. What strategies can be implemented to address the health issues and barriers to health that this population faces?
 - a. What programs/services are you aware of in the community that address some of these issues?
6. What actions, policies, or funding priorities would help support this population?
 - a. What improvements have you seen in the community from implementing any previous action, policies, or funding priorities?
 - b. What new or existing partnerships or resources would be necessary or helpful to successfully undertake these actions, policies, and priorities?

2024 Polk County Community Context Assessment

Key Informant Focus Group Guide – Health Topics

Introduction

The Florida Department of Health in Polk County, together with community partners, is conducting a community health assessment to better understand the health needs of our residents. As part of this process, we have already gathered data from residents through a community survey and reviewed a wide range of secondary data indicators. To fill in any gaps and further explore priority topics that have emerged, we are gathering focus groups of key informants to provide additional qualitative information.

Our steering committee and workgroup have identified key individuals that can provide important insight into the needs of certain populations or certain health topics impacting in our county. The themes that emerge from these focus groups will be used in the planning process to help us determine strategic priorities.

The health topic we are here to discuss today is: _____ in Polk County.

(behavioral health – including mental health and substance abuse / chronic disease – including exercise, weight, nutrition, diabetes, cancer, etc. / maternal and infant health)

Questions

1. Please share your name, organization, and your position at the organization.
2. What are the major health needs/issues/trends in the community related to this topic?
 - a. What are the top priority health issues your organization is dealing with?
 - b. What factors do you think are contributing to these health issues?
3. Which groups or populations in Polk struggle the most with the issues you've identified and how does it impact their lives?
 - a. Are there specific challenges that impact:
 - i. low-income, under-served/uninsured persons experience?
 - ii. different racial or ethnic groups in the community?
 - iii. different groups based on age or gender in the community?
 - iv. different geographic areas of the county?
4. What barriers or challenges prevent people from experiencing positive health outcomes related to this topic?
 - a. Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.
5. What do you consider to be the strengths/assets related to this topic in Polk County?
 - a. What are some of the resources in your community that address issues, such as groups, initiatives, services, or programs?
6. What strategies can be implemented to address this health topic and its barriers?
 - a. What programs/services are you aware of in the community that address some of these issues?

7. What actions, policies, or funding priorities would help address this health topic?
 - a. What improvements have you seen in our community (or other communities) from implementing any previous action, policies, or funding priorities?
 - b. What new or existing partnerships or resources would be necessary or helpful to successfully undertake these actions, policies, and priorities?

APPENDIX F: SECONDARY DATA SOURCES

Secondary Data Sources

2025 Florida Child Well-Being Index, Florida Policy Institute

https://www.floridapolicy.org/posts/2025-florida-child-well-being-index?mc_cid=2f9ba18db7&mc_eid=a354b75928

AAP: American Academy of Pediatrics

<https://www.aap.org/en-us/Pages/Default.aspx>

ACOG: The American College of Obstetricians and Gynecologists

<https://www.acog.org/>

ADP: Agency for Persons with Disabilities

<https://apd.myflorida.com/docs/Statement%20of%20Agency%20Organization%20%20Operation%20v1-15-2019.pdf>

AHRQ: Agency for Healthcare Research and Quality

<https://www.ahrq.gov/>

AMA: American Medical Association

<https://www.ama-assn.org/>

CDC: Centers for Disease Control and Prevention

<https://www.cdc.gov/>

CDC BRFSS: Behavioral Risk Factor Surveillance System

Accessed via FL Health CHARTS' BRFSS Dashboard

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Overview>

CDC Disability and Health Data System

<https://www.cdc.gov/dhds/about/index.html>

CDC MMWR: Morbidity and Mortality Weekly Report

<https://www.cdc.gov/mmwr/volumes/73/wr/mm7317a3.htm#contribAff>

CDC PLACES: Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, and CDC Foundation

<https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>

Central Florida Development Council

<https://www.cfdc.org/>

Cleveland Clinic

<https://my.clevelandclinic.org/>

DCF: Department of Children and Families

<https://www.myflfamilies.com/>

DCF Baker Act Dashboard

<https://www.myflfamilies.com/BakerActDashboard>

DCF Florida Safe Families Network Data Repository: Department of Children and Families, Florida Safe Families Network Data

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Feeding America

<https://www.feedingamerica.org/>

FIMR: Circuit 10 Fetal/Infant Mortality Review

Accessed via Circuit 10 FIMR

Florida AHCA: Florida Agency for Health Care Administration

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Birth Defects Registry

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Cancer Data System: University of Miami (FL) Medical School, Florida Cancer Data System

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Department of Elder Affairs

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOE: Florida Department of Education

<https://www.fldoe.org/>

FDOE EIAS: Florida Department of Education, Education Information and Accountability Services

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOE Office of Early Learning

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOE Survey 5 Prior School/Student Attendance Data

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDHSMV: Florida Department of Highway Safety and Motor Vehicles

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH: Florida Department of Health

<https://www.floridahealth.gov/>

FDOH 2023 Florida Physician Workforce Annual Report

<https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/physician-workforce-development-and-recruitment/2023DOHPhysicianWorkforceAnnualReport-FINAL1.pdf>

FDOH Bureau of Communicable Diseases

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Early Steps and Newborn Screening

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Environmental Health

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Epidemiology

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Immunization

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Vital Statistics: Florida Department of Health Bureau of Vital Statistics

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Children’s Medical Services: Florida Department of Health Children’s Medical Services, Managed Care Plan

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Community Health Promotion: Florida Department of Health Division of Community Health Promotion

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Disease Control and Health Protection – Tuberculosis Section

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Emergency Medical Services

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Medical Quality Assurance

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Public Health Statistics & Performance Management

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH HIV/AIDS Section

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Prescription Drug Monitoring Program (E-FORCSE)

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH PHDP: Florida Department of Health Public Health Dental Program

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH WIC: Florida Department of Health, WIC and Nutrition Services

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida DJJ: Florida Department of Juvenile Justice

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDLE: Florida Department of Law Enforcement

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Birth Defects Registry

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida DCF: Florida Department of Children and Families

<https://www.myflfamilies.com/>

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida DCF Florida Safe Families Network Data Mart: Florida Department of Children and Families

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida DCF Per Capita Abuse Rate Report: Florida Department of Children and Families

Accessed via DCF

Florida EMSTARS

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Environmental Public Health Tracking System

<https://www.floridatracking.com/healthtracking/topic.htm?i=18>

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOT Annual Pedestrian and Bicycle Fatalities and Serious Injuries Report

Accessed via Polk Transportation Planning Organization (TPO)

Florida's Integrated Report Exchange System (FIRES) database

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Legislature, Office of Economic and Demographic Research (EDR)

<https://edr.state.fl.us/Content/>

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida State Office of Vital Statistics

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FL Statute 394.492

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.492.html

FYTS: Florida Youth Tobacco Survey

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FYSAS: Florida Youth Substance Abuse Survey

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Homeless Coalition of Polk County, Inc., Homeless Management Information System (HMIS)

<https://polkhomeless.org/>

HP2030: Healthy People 2030

<https://odphp.health.gov/healthypeople>

HRSA: Health Resources & Services Administration

<https://www.hrsa.gov/>

HUD Consolidated Planning/CHAS (Comprehensive Housing Affordability Strategy) Data, 2017-2021

<https://www.huduser.gov/portal/datasets/cp.html>

HUD Fair Market Rent Documentation System

<https://www.huduser.gov/portal/datasets/fmr.html>

March of Dimes

<https://www.marchofdimes.org/>

Mayo Clinic

<https://www.mayoclinic.org/>

McKeown, 2009

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805833/>

National Council on Aging

<https://www.ncoa.org/>

National Health Care for the Homeless Council

<https://nhchc.org/>

NIH: National Institutes of Health

<https://www.nih.gov/>

NIMH: National Institute of Mental Health

<https://www.nimh.nih.gov/index.shtml>

Office of the Surgeon General – U.S. Surgeon General’s Advisory on Alcohol and Cancer Risk

<https://www.hhs.gov/sites/default/files/oash-alcohol-cancer-risk.pdf>

Peace River Center

<https://www.peacrivercenter.org/>

PCPS: Polk County Public Schools

<https://polkschoolsfl.com/>

PCPS The HEARTH Project

<https://www.polkschoolsfl.com/schoolsandprograms/hearth>

Polk County TPO: Polk County Transportation Planning Organization, State of the Transportation System Report 2024

<https://polktpo.com/wp-content/uploads/2024/08/TPO-State-of-the-Transportation-System-Report-2024.pdf>

RWJF: Robert Wood Johnson Foundation, County Health Rankings

<https://www.countyhealthrankings.org/>

Safe Kids Worldwide

<https://www.safekids.org/>

SAMHSA: Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/>

Smart Growth America, Dangerous by Design 2024

<https://smartgrowthamerica.org/dangerous-by-design/>

United for ALICE

<https://www.unitedforalice.org/home>

University of Miami (FL) Medical School – Florida Cancer Data System

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

US Census Bureau ACS: United States Census Bureau American Community Survey

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

US DHHS: US Department of Health & Human Services

<https://www.hhs.gov/>

WHO: World Health Organization

<https://www.who.int/>

FLHSMV: Florida Highway Safety and Motor Vehicles

<https://www.flhsmv.gov/>

University of Florida, Bureau of Economic and Business Research

<https://edr.state.fl.us/Content/population-demographics/data/Estimates2024.pdf>

USDA: United States Department of Agriculture

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

US Department of Justice: United States Department of Justice

<https://www.justice.gov/>

Veteran's Administration

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

APPENDIX G: COMMUNITY ASSETS AND RESOURCES

Polk County Community Assets and Resources

The following list/appendix includes some of the existing community assets and resources addressing health issues in Polk County.

Access to Care

Agencies

- Angels Care Center of Eloise
863-875-5595
- Central Florida Health Care
<http://www.cfhconline.org/>
- Citrus Connection
<https://ridecitrus.com/>
- The Family Healthcare Foundation
<https://familyhealthcarefdn.org/>
- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>
- Good Samaritan Free Clinic
<https://talbothouse.org/good-samaritan-free-clinic/>
- Haley Center
<https://www.thehaleycenter.org/>
- The Homeless Coalition of Polk County, Inc.
<https://polkhomeless.org/>
- Lake Wales Care Center / Lake Wales Free Clinic
<https://lakewalescarecenter.com/programs/>
- Lakeland Volunteers in Medicine (LVIM)
<https://www.lvim.net/>
- Parkview Medical Clinic
<https://www.parkviewmedicalclinic.org/>
- Polk County Community Health Care Program
<https://www.polk-county.net/services/community-health-care/>
- Polk County Transportation Planning Organization
<https://polktpo.com/>
- United Way of Central Florida
<https://uwcf.org/>
- Volunteers in Service to the Elderly (VISTE)
<https://viste.org/>

Community Programs and Collaborations

- Polk HealthCare Plan
<https://polkhealthcareplan.net/>
- Polk County Mobile Health Outreach Bus (Polk County Community Health Care Program and Florida Department of Health in Polk County)
<https://polkhealthcareplan.net/in-the-community/>

- Transportation Disadvantaged Program (Polk Transportation Planning Organization and Citrus Connection)
<https://ridecitrus.com/how-to-ride/disabled-services/>

Behavioral Health

Agencies

- BayCare Winter Haven Hospital Center for Behavioral Health
<https://baycare.org/services/behavioral-health>
- Center for Autism and Related Disabilities (CARD-USF)
<https://card-usf.fmhi.usf.edu/>
- Central Florida Behavioral Health Network
<https://www.cfbhn.org/>
- Central Florida Health Care
<http://www.cfhconline.org/>
- Children’s Home Society
<https://www.chsfl.org/locations/greater-lakeland/>
- Cove Behavioral Health
<https://www.covebh.org/>
- Heartland for Children
<https://www.heartlandforchildren.org/>
- InnerAct Alliance
<http://www.inneractalliance.org/>
- Lakeland Regional Health
<https://mylrh.org/behavioralhealth/>
- Peace River Center
<https://www.peacerivercenter.org/>
- Polk County Community Health Care Program
<https://www.polk-county.net/services/community-health-care/>
- Polk County Public Schools
<https://polkschoolsfl.com/>
- Tri-County Human Services
<https://tchsonline.org/>

Community Programs and Collaborations

- Polk Vision Behavioral Health Team
<https://polkvision.com/>
- Polk County Public Schools Behavioral & Mental Health Collaborative Council
- Polk for Recovery
<https://www.polkforrecovery.org/>
- Tobacco Free Polk
<https://tobaccofreeflorida.com/county/polk/>

Chronic Disease

Agencies

- AdventHealth
<https://www.adventhealth.com/whole-person-health-care-polk-county>
- Central Florida Health Care
<http://www.cfhconline.org/>
- Feeding Tampa Bay
<https://feedingtampabay.org/>
- Lakeland Regional Health
<https://www.mylrh.org/>
<https://www.mylrh.org/diabetes-prevention/>
- Polk County Community Health Care Program
<https://www.polk-county.net/services/community-health-care/>
- UF/IFAS Extension – Polk County
<https://sfyl.ifas.ufl.edu/polk/>

Child & Adolescent Health

Agencies

- Center for Autism and Related Disabilities (CARD-USF)
<https://card-usf.fmhi.usf.edu/>
- Central Florida Health Care
<http://www.cfhconline.org/>
- Children’s Home Society
<https://www.chsfl.org/locations/greater-lakeland/>
- Cove Behavioral Health
<https://www.covebh.org/>
- Department of Children and Families (DCF)
<https://www.myflfamilies.com/contact-us/circuit-10>
- East Coast Migrant Head Start Project
<https://www.ecmhsp.org/>
- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>
- Healthy Start Coalition of Hardee, Highlands, and Polk Counties
<https://www.healthystarthhp.org/>
- Heartland for Children
<https://www.heartlandforchildren.org/>
- KidsPACK
<https://www.kidspack.org/>
- Lakeland Regional Health
<https://www.mylrh.org/>
<https://www.mylrh.org/childrens-health/>
<https://www.mylrh.org/pediatrics/>

- Lakeside Pediatrics
<https://lakesidepeds.com/>
- Nemours Children’s Health
<https://www.nemours.org/locations/florida-pediatric-specialty-care-lakeland.html>
- Polk County Public Schools
<https://polkschoolsfl.com/>

Community Programs and Collaborations

- Coalition on Injury Prevention of Polk County
<https://www.facebook.com/CIPPolk/>
- Circuit 10 Child Abuse Death Review
<https://www.flcadr.com/index.html>
- Polk County School Health Advisory Council (SHAC)
- Safe Kids Polk County
<https://www.safekids.org/>
<https://www.hopkinsmedicine.org/all-childrens-hospital/community/injury-prevention-and-child-safety/safe-kids>
<https://www.facebook.com/SuncoastSafeKids/>

Aging Adult Health

Agencies

- Alzheimer’s Association
<https://www.alz.org/>
- Central Florida Health Care
<http://www.cfhconline.org/>
- Central Florida Speech and Hearing Center
<https://cfshc.org/>
- Cove Behavioral Health
<https://www.covebh.org/>
- Rath Senior ConNEXTions Center
<https://therathcenter.org/>
- Senior Connection Center
<https://seniorconnectioncenter.org/>
- Senior Helpers
<https://www.seniorhelpers.com/fl/polk-county/>
- Volunteers in Service to the Elderly (VISTE)
<https://viste.org/>

Community Programs and Collaborations

- Age Friendly Lakeland
<https://agefriendlylakeland.com/>

- Coalition on Injury Prevention of Polk County
<https://www.facebook.com/CIPPolk/>
- RSVP Polk
<https://www.polk-county.net/about/volunteer/>
- Seniors Versus Crime
<https://www.seniorsvscrime.com/>
<https://www.polksheriff.org/programs-services/crime-prevention-programs-for-adults>

Exercise, Weight, and Nutrition

Agencies

- AdventHealth
<https://www.adventhealth.com/whole-person-health-care-polk-county>
- Central Florida Health Care
<http://www.cfhconline.org/>
- Feeding Tampa Bay
<https://feedingtampabay.org/>
- The Freedom Tour, Inc.
<https://www.thefreedomtour.org/>
- Frostproof Care Center
<https://www.frostproofcarecenter.com/>
- KidsPACK
<https://www.kidspack.org/>
- Lake Wales Care Center
<https://lakewalescarecenter.com/>
- Polk County Tourism & Sports Marketing
<https://visitcentralflorida.org/about/>
- RSVP Polk
<https://www.polk-county.net/about/volunteer/>
- Senior Connection Center
<https://seniorconnectioncenter.org/>
- UF/IFAS Extension – Polk County
<https://sfyl.ifas.ufl.edu/polk/>
- United Way of Central Florida
<https://uwcf.org/>
- Volunteers in Service to the Elderly (VISTE)
<https://viste.org/>

Community Programs and Collaborations

- Coalition on Injury Prevention of Polk County
<https://www.facebook.com/CIPPolk/>
- Polk Vision Food Security Council

- Safe Kids Polk County
<https://www.safekids.org/>
<https://www.hopkinsmedicine.org/all-childrens-hospital/community/injury-prevention-and-child-safety/safe-kids>
<https://www.facebook.com/SuncoastSafeKids/>

Maternal & Infant Health

Agencies

- AdventHealth Heart of Florida Regional Medical Center
<https://www.adventhealth.com/hospital/adventhealth-heart-florida>
- BayCare Winter Haven Women’s Hospital
<https://baycare.org/locations/hospitals/winter-haven-womens-hospital/services>
- Celebrate Birth
<https://celebratebirth.info/>
- Central Florida Health Care
<http://www.cfhconline.org/>
- FDOH-Polk WIC
<https://polk.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/index.html>
- Healthy Start Coalition of Hardee, Highlands, and Polk Counties
<https://www.healthystarthhp.org/>
- Heartland for Children
<https://www.heartlandforchildren.org/>
- Lakeland Midwifery Care
<https://www.lakelandmidwiferycare.com/>
- Lakeland Regional Health
<https://www.mylrh.org/labor-and-delivery/>
<https://www.mylrh.org/mother-baby/>
- Lakeside Pediatrics
<https://lakesidepeds.com/>
- United Way of Central Florida
<https://uwcf.org/resourcecenter/#toggle-id-1>

Community Programs and Collaborations

- Florida Healthy Babies
- La Leche League
www.LLLLakeland.org
- League of Women Voters of Polk County

Immunization and Infectious Disease

Agencies

- Central Florida Health Care
<http://www.cfhconline.org/>
- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>

Community Programs and Collaborations

- Polk County Immunization Coalition

Injury Prevention and Safety

Agencies

- Children’s Home Society
<https://www.chsfl.org/locations/greater-lakeland/>
- Department of Children and Families (DCF)
<https://www.myflfamilies.com/contact-us/circuit-10>
- Florida Department of Transportation (DOT)
<https://www.fdot.gov/agencyresources/districts/index.shtm>
- Florida Poison Information Center – Tampa
- Heartland for Children
<https://www.heartlandforchildren.org/>
- Peace River Center
<https://www.peacrivercenter.org/>
- Polk County Fire Rescue
<https://www.polk-county.net/fire-rescue>
- Polk County Sheriff’s Office
<http://www.polksheriff.org/>
- Polk Transportation Planning Organization (TPO)
<https://polktpo.com/>

Community Programs and Collaborations

- Coalition on Injury Prevention of Polk County
<https://www.facebook.com/CIPPolk/>
- Polk Vision Pedestrian/Bicycle Safety Team
<https://polkvision.com/>
- Safe Kids Polk County
<https://www.safekids.org/>
<https://www.hopkinsmedicine.org/all-childrens-hospital/community/injury-prevention-and-child-safety/safe-kids>
<https://www.facebook.com/SuncoastSafeKids/>

- Senior Connection Center
<https://seniorconnectioncenter.org/>
- Senior Helpers
<https://www.seniorhelpers.com/fl/polk-county/>

Oral Health

Agencies

- Central Florida Health Care
<http://www.cfhconline.org/>
- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>

Community Programs and Collaborations

- School-Based Dental Sealant Program (Florida Department of Health in Polk County and Polk County Public Schools and Central Florida Health Care)